



### 2017 High Holy Day Ticket Order Form 5778

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to purchase the following tickets:

	<u># of Tickets</u>	<u>Cost</u>
Members' Visiting Family @ \$75	_____	_____
Non-Member Adult Tickets @ \$350	_____	_____
Non-member Children (college age or younger) Tickets @ \$75	_____	_____
Total	_____	_____

Please return your check to Congregation Beth Elohim, 133 Prospect St., Acton, MA 01720