

2017/5778 THZ MEMBER TICKET REQUEST FORM

FAMILY NAME: _____



SERVICE 1

SERVICE 2

Person 1: _____ Person 2: _____
 Surname First Name Surname First Name

Address: _____

City: _____ Province: _____ Postal Code: _____ H Phone: _____ - _____ - _____

C Phone: _____ - _____ - _____ Email: _____

ADDITIONAL TICKETS

- Member's children 7 years of age and older will be issued an adult ticket at no charge.
- Member's children/grandchildren 2 years—6 years of age will be issued a children's ticket at no charge.
- Children of members who have reached the age of 29 years at January 1, 2017 will be charged \$125/ticket.

Service 1 or 2	Name	Relationship (and Age if <29)	Address if Different from Above (for Income Tax receipts)	Fee	Total
			Gates of Repentance x _____	\$30 Each	
			Gates of Repentance for Young People x _____	\$25 Each	
			Gates of Repentance Large Print x _____	\$69 Each	
			<i>Hak'hel et Ha'am</i> CD x _____	\$25 Each	
				TOTAL	\$ _____

PAYMENT INFORMATION

By Cheque Card Number _____ Exp. ____/____
 Visa MC Name on Card _____

Please complete BOTH PAGES of this ticket request form. Mail, fax, or drop it off to Temple.

2017/5778 THZ MEMBER SPECIAL NEEDS AND PARKING REQUEST FORM

FAMILY NAME:

SERVICE 1

SERVICE 2

We/ I require a Handicapped Parking Pass. Ontario Permit Number _____

Reason _____

We/ I require a Drop Off Pass. Reason: _____

We/ I require a Handicapped or Wheelchair Seating: _____

We/ I require Other special Needs Seating. Reason: _____

We plan to park at Bayview Glen Alliance Church and will use the shuttle buses provided.

FOR OFFICE USE ONLY

Date Request Received _____

Date Request Processed _____

Service _____

Adult Ticket Numbers _____

Children Ticket Numbers _____

Number of Prayer Books _____

Number of CD's _____

Number taking the shuttle bus _____

Handicapped Parking ___Permit # _____

of Seats for Handicapped Seating _____

