

Reservation Form for High Holy Days 2010

Please send reservation form and payment
by **August 25, 2010** to: Shaarei Shamayim,
P.O. Box 55061 Madison, WI 53705.
Checks should be made payable to Shaarei Shamayim.

OR

Make reservations online at
www.shamayim.org

Please note that we do not accept money on holidays or Shabbat.

EREV ROSH HASHANAH & YOM KIPPUR BREAK FAST POTLUCKS

Our Erev Rosh Hashanah vegetarian potluck dinner is on Wednesday, September 8, at 5:00 p.m., and our Yom Kippur vegetarian potluck Break Fast will occur immediately following Neilah, the closing Yom Kippur service, on Saturday, September 18 at 7:45 p.m. There is a moderate fee for each meal to defray expenses. Please bring a lot of food.

We rely on everyone at the potluck to participate in set-up or clean-up. We need at least one person from each household to help with these tasks. Please indicate the person who will help and whether he/she will do set-up or clean-up.

Erev Rosh Hashanah Potluck:

Name: _____

Task: _____ Set-up _____ Clean-up

Yom Kippur Break Fast:

Name: _____

Task: _____ Set-up _____ Clean-up

Please enter the total number of people attending the potlucks in the columns below.

	Rosh Hashanah	Yom Kippur	Total persons
Members \$4	_____	_____	_____
Non-members \$7	_____	_____	_____
Children (over 6 years) \$3	_____	_____	_____

CHILD CARE *(please see child care policies page for more information)*

Fees: \$9 for Shaarei Shamayim members per service per child
\$12 for non-members per service per child

I/We need child care for (please fill in the number of children for each service)

___ Erev Rosh Hashanah, Wednesday, September 8, 7:00 p.m.

___ Rosh Hashanah, 1st day, Thursday, September 9, 9:30 a.m.

___ Kol Nidrei, Friday, September 17, 6:30 p.m.

___ Yom Kippur, Saturday, September 18, 9:30 a.m.

(care available until 1:30 p.m. only)

Names and ages of children attending:

Total # of services:

Total fees:

ADDITIONAL VOLUNTEER TASKS

- ___ Service set-up
- ___ Service clean-up
- ___ Service greeter
- ___ Parking assistants
- ___ Office tasks
- ___ Other: _____

We will contact you regarding the particular service you would like to help with.

ADDITIONAL DONATION

I would like to make an additional contribution of \$_____ to help defray the overall cost of the High Holy Days.

CONTACT INFORMATION

Name(s): _____

If you are not a member please give us additional information:

Phone number: _____

Email: _____

Address: _____

AMOUNT ENCLOSED

\$_____ Potlucks \$_____ Child care \$_____ Donation

\$_____ Total