## Temple Beth-El High Holiday Guest Registration – 2024/5785

All in-person guests must register using this form.

## Please return by Tuesday morning, October 1 for Rosh Hashanah or Thursday morning, October 10 for Yom Kippur

Temple Beth-El welcomes all guests for High Holiday services. Guest donations go a long way to help us continue to serve the Hudson Valley Jewish community year-round. We are extremely thankful for your support.

## **Suggested Donations:**

- Parents, children and grandchildren of TBE members: Donate from your heart what you feel is appropriate
- Non-member suggested donation: \$360/family, \$144/individual for all days
- Only Rosh Hashanah or only Yom Kippur: \$180/family, \$72/individual
- College students from local universities are always welcome.

Name of Congregant(s):	Phone Number
Please list all guests below:	
Rosh Hashanah: Rosh Hashanah Eve Wedr	nesday October 2, Thursday (morning), October 3, Friday(morning) October 4:
Guests (names, main contact email and phone num	nber):
	, Yom Kippur Day – Saturday, October 12 (ending with Ne'ilah) ber):
My donation of \$	
Preferred payment method: □ Check payable to T Name on card	emple Beth-El □ Please charge my credit card (Visa, Mastercard, Discover)Phone Zip Code
Card number	Expiration Date/ 3 (or 4) digit security code
Signature	

Please return this form to the TBE office. If you have any questions or would like a hard copy form, please contact the office at 845-454-0570.

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