

**Temple Beth Am 2020 High Holiday Reservation Form  
for ADDITIONAL FAMILY MEMBERS Ages 27+ AND/OR LIVING OUTSIDE YOUR  
HOUSEHOLD (subject to seating availability)**

Member Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Member email (\* Required \*): \_\_\_\_\_

**I. ADDITIONAL IN-PERSON SEAT REQUEST\*\*:**

\_\_\_\_\_ Number of **additional** attendees for **in-person seats** (\$100 per person)

**Name1:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Additional attendee email address (\*\* REQUIRED \*\*) \_\_\_\_\_

Relationship to Temple Member: \_\_\_\_\_

**Name2:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Additional attendee email address (\*\* REQUIRED \*\*) \_\_\_\_\_

Relationship to Temple Member: \_\_\_\_\_

**Service(s) Requested:**

Person 1	Person 2
<input type="checkbox"/> Erev Rosh Hashanah	<input type="checkbox"/> Erev Rosh Hashanah
<input type="checkbox"/> Rosh Hashanah Morning	<input type="checkbox"/> Rosh Hashanah Morning
<input type="checkbox"/> Rosh Hashanah Children's Service	<input type="checkbox"/> Rosh Hashanah Children's Service
<input type="checkbox"/> Rosh Hashanah 2 <sup>nd</sup> Day morning	<input type="checkbox"/> Rosh Hashanah 2 <sup>nd</sup> Day morning
<input type="checkbox"/> Erev Yom Kippur (Kol Nidre)	<input type="checkbox"/> Erev Yom Kippur (Kol Nidre)
<input type="checkbox"/> Yom Kippur Morning	<input type="checkbox"/> Yom Kippur Morning
<input type="checkbox"/> Yom Kippur Children's Service	<input type="checkbox"/> Yom Kippur Children's Service
<input type="checkbox"/> Yom Kippur Afternoon (includes Yizkor & Neilah)	<input type="checkbox"/> Yom Kippur Afternoon (includes Yizkor & Neilah)

\*\*NOTE: All additional seating requests are subject to availability based on seating capacity limitations  
Please make additional copies of this form to reserve for more than 2 additional people.

**\*\*\* You MUST return this form (or complete the online reservation form at [www.paytba.com](http://www.paytba.com)) before September 8, 2020 to be registered to attend in-person services \*\*\***

Return form to: Temple Beth Am 2377 Merrick Avenue, Merrick NY 11566

(over)

**Temple Beth Am 2020 High Holiday**  
**ADDITIONAL Family Member RESERVATION PAYMENT FORM**

**AMOUNT DUE FOR ADDITIONAL FAMILY MEMBERS:**

I. # of Additional In-Person Seat Reservations (subject to availability)  
\_\_\_\_\_ (# of seats) x \$100 = \$ \_\_\_\_\_

II. # of Additional Family Live Streaming Email/Logins  
\_\_\_\_\_ (# of additional email addresses/logins) x \$100 = \$ \_\_\_\_\_

**I AM PAYING BY CHECK:**

Total Amount Enclosed: \$ \_\_\_\_\_

**OR**

**I AM PAYING BY CREDIT CARD:**

**CREDIT CARD PAYMENT AUTHORIZATION**

Name (as it appears on Credit Card):	
Card Number:	
Expiration Date:	
Security Code:	
Billing Address for Credit card (if different from address on front of this form):	
Telephone Number:	

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_