

Temple Beth Am 2020 High Holiday **LIVE STREAMING Reservation Form
for **ADDITIONAL** FAMILY MEMBERS LIVING OUTSIDE YOUR HOUSEHOLD**

Member Name: _____ Address: _____

Telephone #: _____ Member email (* Required *): _____

I. LIVE STREAMING:

____ Number of **additional** attendees for **Live Streaming** - \$100 per email address (includes all services)

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 nd Day morning	<input type="checkbox"/> Rosh Hashanah 2 nd 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)

Please make additional copies of this form to reserve for more than 2 additional Livestream attendee logins.

***** You MUST return this form (or complete the online reservation form at www.paytba.com) before September 8, 2020 to be registered to attend livestreaming 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: _____