



High Holy Days 5782/2021 – Malibu Jewish Center & Synagogue

IN-PERSON MEMBER TICKETS

Please complete this form and return it to the MJCS office (with your payment, if applicable) by August 30, 2021.

MJCS Members / Immediate Household – everyone in attendance must have proof of vaccination

Please list each individual in the MJCS Member household who will be attending services (**EVERYONE MUST BE FULLY VACCINATED**). Children 12 and up not yet vaccinated can register for the Virtual MJCS Children’s Program. (Separate form)

Last name	First name	Proof of Vaccination

I am requesting a total of _____ tickets for my immediate family / member household.

Extended Family and Associate Members - everyone in attendance must have proof of vaccination

Please complete the information below for extended family members you wish to purchase tickets for. Extended Family tickets will be mailed to MJCS Member’s address. \$150 for Complete Series; \$75 for Rosh Hashanah or Yom Kippur only.

Last Name	First	Address, City, State, Zip	Phone	Proof of Vaccination	Complete Series	Rosh Hashanah Only	Yom Kippur Only
Total Number of Tickets							

I am purchasing the following additional tickets at the Extended Family / Associate Member rate:

	# of Tickets	Price/Ticket	Total
Rosh Hashanah or Yom Kippur Only		\$75	
Complete High Holy Days Series		\$150	
			\$

Guests

Please order guest tickets on the enclosed Non-Member Form.

Payment

Enclosed is my check in the amount of \$ _____ payable to MJCS

Charge my credit card VISA MASTERCARD American Express

CC Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____ Zip Code: _____

Phone number: _____ Email: _____

Office Use: \$ _____ Received Check No: _____ CC Charge Date: _____

TICKETS MAILED Date Tickets Mailed: _____ WILL CALL or PICK UP _____