

**Congregation Kneseth Israel**  
**High Holy Days Seat Reservations for the Year 5778 (2017)**

You have two seating location options – “Separate” or “Family” Seating. The Separate seating rows are toward the front of the Sanctuary, and the Family seating is behind these rows. Please list any children and their ages which may require babysitting on the back of this form. Use the back of page for credit card payment. Please indicate your preferences below:

**Members Only:** ( ) Check here if you wish to retain last year’s seat(s). Efforts will be made to honor this request.

| <u>Separate Seating</u>   | <u>Male</u> | <u>Female</u> | <u>Cost per seat</u> | <u>Total Amount</u> |
|---------------------------|-------------|---------------|----------------------|---------------------|
| Individual Seats          | _____       | _____         | \$125.00             | \$ _____            |
| Life Seats                | _____       | _____         | \$115.00             | \$ _____            |
| Child/Teen (up to age 22) | _____       | _____         | \$50.00              | \$ _____            |
| Split Seat                |             |               |                      |                     |
| Rosh Hashanah only        | _____       | _____         | \$105.00             | \$ _____            |
| Yom Kippur only           | _____       | _____         | \$105.00             | \$ _____            |

| <u>Family Seating</u>     | <u>Number of seats</u> | <u>Cost per seat</u> | <u>Total Amount</u> |
|---------------------------|------------------------|----------------------|---------------------|
| Individual Seats          | _____                  | \$125.00             | \$ _____            |
| Life Seats                | _____                  | \$115.00             | \$ _____            |
| Child/Teen (Up to age 22) | _____                  | \$50.00              | \$ _____            |
| Split Seat                |                        |                      |                     |
| Rosh Hashanah only        | _____                  | \$105.00             | \$ _____            |
| Yom Kippur only           | _____                  | \$105.00             | \$ _____            |

| <u>Non-Members:</u>     | <u>Male</u> | <u>Female</u> | <u>Cost per seat</u> | <u>Total Amount</u> |
|-------------------------|-------------|---------------|----------------------|---------------------|
| <u>Separate Seating</u> |             |               |                      |                     |
| Individual Seats        | _____       | _____         | \$175.00             | \$ _____            |
| Life Seats              | _____       | _____         | \$165.00             | \$ _____            |
| Split Seat              |             |               |                      |                     |
| Rosh Hashanah only      | _____       | _____         | \$115.00             | \$ _____            |
| Yom Kippur only         | _____       | _____         | \$115.00             | \$ _____            |

| <u>Family Seating</u> | <u>Number of seats</u> | <u>Cost per seat</u> | <u>Total Amount</u> |
|-----------------------|------------------------|----------------------|---------------------|
| Individual Seats      | _____                  | \$175.00             | \$ _____            |
| Life Seats            | _____                  | \$165.00             | \$ _____            |
| Split Seat            |                        |                      |                     |
| Rosh Hashanah only    | _____                  | \$115.00             | \$ _____            |
| Yom Kippur only       | _____                  | \$115.00             | \$ _____            |

Mitzvah Donation (Misc.) \_\_\_\_\_ Mitzvah Donation \$ \_\_\_\_\_  
Grand Total: \$ \_\_\_\_\_

| <u>Seat Holder Name</u><br><i>(Please put special requests on back)</i> | <u>Please Circle Your Choices Below</u>                                 |   |   |                                   |   |   |   |   |    |    | <u>MEMBER</u><br>Y=YES<br>N=NO | <u>SEAT #</u><br>(Comm. Use Only) |  |
|---|---|---|---|-----------------------------------|---|---|---|---|----|----|--------------------------------|-----------------------------------|--|
|   | <u>Service Attending</u><br>B=Both<br>R= Rosh Hashanah<br>Y= Yom Kippur |   |   | <u>LIFE SEAT</u><br>Y=YES<br>N=NO |   | Family (F), Man (M)<br>Woman (W)<br>Teen (MT or WT)<br>(Circle code letter) |   |   |    |    |                                |                                   |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |
|   | B   | R | Y | Y                                 | N | F   | M | W | MT | WT | Y                              | N                                 |  |

Name: \_\_\_\_\_

Committee Use Only

Address: \_\_\_\_\_

Check Amount: \_\_\_\_\_

\$ \_\_\_\_\_

Check Number: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO: CONGREGATION KNESETH ISRAEL or  
CALL THE OFFICE TO CHARGE BY CREDIT CARD Tel: 410-263-3924 x 0; or use form on back and  
mail or scan to KI;

You can pay on-line with PAYPAL located on KI Website: [www.knesethisrael.org](http://www.knesethisrael.org)

Email: [congknesethisrael@gmail.com](mailto:congknesethisrael@gmail.com)

Mail to: Congregation Kneseth Israel, 1125 Spa Road, Annapolis, MD 21403, Prior to September 6, 2017.

**Thank you!**

**Please list full names and ages of children requiring babysitting and/or junior  
congregation:**

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**Please list any additional seating requests:**

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VISA

MASTERCARD

PLEASE CHECK ONE

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP. DATE \_\_\_\_\_ / \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (    ) \_\_\_\_\_