Congregation Kneseth Israel
High Holy Days Seat Reservations for the Year of 5787 (2026)

You have two seating location options – "Family" or "Separate" Seating. Again, this year there is a third option of live streaming via Zoom. Separate seating is accommodated in the first several rows at the front of the Sanctuary. Use the back of page for credit card payment and information on live streaming. Please indicate your preferences for seats or live streaming below:

MEMBERS	**#/Seats**	**#/Seats**		
Family Seating			**Suggested Donation/Seat**	**Total Amount**
Individual Seats			$125.00	$
Life Seats			$115.00	$
Child/Teen (up to age 22)			$50.00	$
Separate Seating	**Male**	**Female**		
Individual Seats			$125.00	$
Life Seats			$115.00	$
Child/Teen (up to age 22)			$50.00	$
NON-MEMBERS	**#/Seats**	**#/Seats**		
Family Seating			**Donation per seat**	**Total Amount**
Individual Seats			$175.00	$
Life Seats			$165.00	$
Separate Seating	**Male**	**Female**		
Individual Seats				
Life Seats				
LIVE STREAMING			**Donation**	
Members			$125.00	$
Non-Members			$175.00	$
MITZVAH DONATION			**Donation**	
Mitzvah Donation			$	$
			GRAND TOTAL	$

PLEASE COMPLETE BELOW:				
Seat Holder Name (special requests on back)	**Member**	Family (F), Man (M) Woman (W) Teen (MT or WT) {circle code letter}	**Life Seat**	**Virtual**
	Y N		**Y N**	**Y N**
	Y N		**Y N**	**Y N**
	Y N		**Y N**	**Y N**
	Y N		**Y N**	**Y N**
	Y N		**Y N**	**Y N**

Name: _____ Phone: _____

Address: _____ Email: _____

Mail to: Congregation Kneseth Israel, 1125 Spa Road Annapolis, MD 21403 to be received prior to August 31, 2026. PLEASE MAKE CHECK PAYABLE TO: CONGREGATION KNESETH ISRAEL or CALL THE OFFICE TO CHARGE BY CREDIT CARD Tel: 410-263-3924 ext. 1; or use form on the back to mail or scan to CKI; CKI Website: knesethisrael.org Email: office@knesethisrael.org

Thank you!

Office Use Only
Check Amt: $_____
Check#: _____ Date:_____

Please list any seating requests:

_____

_____

Please note how many children will attend junior congregation: _____

If you plan to livestream, please note your name, email, and device name that will appear (or just your phone number if you're calling in). Please contribute as if the people participating on the livestream were in the building as these donations for seats are critical to the operational funding of our congregation. Thank you for understanding.

_____
_____
_____
_____

Card Number: _____ Exp. Date _____ 3-Digit Code: _____

Amount Paid: $_____

Name: _____
Address: _____
_____

Phone: (____)_____