Congregation Kol Tikvah

High Holy Day Guest Ticket Request Form

Please check one:

Relative of CKT Member ***(Purchase at Kol Tikvah Only)*** ☐ Non-Member ☐

Name of Requester _____

Name(s) of Guest (individual or couple) _____

Member(s) of another synagogue? _____yes _____no

Address _____

Age(s) _____

Relationship _____

Number of tickets requested _____

Name(s) of Guest (individual or couple) _____

Member(s) of another synagogue? _____yes _____no

Address _____

Age(s) _____

Relationship _____

Number of tickets requested _____

Name(s) of Guest (individual or couple) _____

Member(s) of another synagogue? _____yes _____no

Address _____

Age(s) _____

Relationship _____

Number of tickets requested _____

Name(s) of Guest (individual or couple) _____

Member(s) of another synagogue? _____yes _____no

Address _____

Age(s) _____

Relationship _____

Number of tickets requested _____

CONGREGATION KOL TIKVAH · 6750 UNIVERSITY DRIVE · PARKLAND, FLORIDA 33067
(954) 346-7878 · www.koltikvah.net

SHANAH TOVAH

SECURITY:

For security purposes, every person attending services will be required to show their ticket at the main entrance.

MEMBER TICKETS:

All members who indicated on their 2022-23 Engagement Form that they wished to receive tickets to come in person will automatically receive tickets to our services. For those who chose the all-inclusive option, tickets are included. For those who chose the a-la-carte option, tickets are extra.

NON-MEMBER TICKETS:

We welcome non-members to worship with us on the High Holy Days. See below for ticket pricing.

CHILDREN'S SERVICES:

Family Services will be held outside (weather permitting) from 8:45am-9:30am on the mornings of Rosh Hashanah, Monday, September 26 (Tashlich immediately after) and Yom Kippur, Wednesday, October 5.

For your comfort, please bring your own blankets/chairs.

TICKET PRICING	RELATIVE OF CKT MEMBER	NON-MEMBER
Adult (19-64)	$150.00	$198.00
Senior (65+)	$ 97.00	$150.00
Child (5yrs-18yrs)	$ 40.00	$ 55.00
College Student w/Valid Student ID	COMPLIMENTARY	COMPLIMENTARY

CREDIT CARD INFORMATION (VISA, MasterCard, DISCOVER, AMEX)

Name_____ Phone_____

Address _____

City _____State _____ Zip _____

Card Number _____ Exp Date _____

Amount $ _____ Signature_____

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