

# High Holy Days Order Forms

Please return the ticket order form and other applicable pages to the Temple Sinai office at your earliest convenience, but no later than **August 18, 2017** to ensure tickets can be mailed back to you in a timely manner. Any tickets requested after this date will need to be picked up at the temple. You can also find PDF versions of these forms at [www.templestinaidc.org](http://www.templestinaidc.org) that you can print and send in with a check.

**You may send your ticket requests and any contributions by mail to:  
Temple Sinai, 3100 Military Road, NW, Washington, DC 20015,  
by fax to (202) 363-6396 or by email to [highholyydays@templestinaidc.org](mailto:highholyydays@templestinaidc.org).**

## HIGH HOLY DAY PRAYER BOOKS

The temple does not supply the High Holy Day Prayer Book, *Gates of Repentance*, which is used for all services (except for the Tot Holiday services at Temple Sinai and Alternative services at BCC, for which special prayer books are provided).

You are encouraged to buy your own, which can be used each year. Copies will be available for purchase and pickup at the TSWRJ Judaica Shop during its regular hours, or at other times, by contacting the temple office.

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

Phone: \_\_\_\_\_

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

# of Copies: \_\_\_\_\_ (\$25 each)      Total Enclosed: \$ \_\_\_\_\_

Checks should be made payable to: TSWRJ

Please return this form in the same envelope as your ticket order.

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## SUMMARY OF HIGH HOLY DAY CONTRIBUTIONS

*(please include this section and any applicable forms with your payment)*

\$ _____	Child Care Reservations
\$ _____	Flower Dedications
\$ _____	Guest Ticket Purchases
\$ _____	Memorial Book Listings
\$ _____	Memorial Plaques
\$ _____	Simcha Leaves

Some congregants wish to offer a voluntary contribution at this season, to help underwrite additional congregational expenses or in recognition of the efforts of clergy and staff to provide a meaningful High Holy Day experience. If you would like to contribute \$36, \$100, \$250, or another amount, please include it here. You may also give online at [www.tinyurl.com/Donate5778](http://www.tinyurl.com/Donate5778).

Thank you; we appreciate your extra support!

\$ \_\_\_\_\_ Voluntary Contribution

\$ \_\_\_\_\_ **Total Enclosed**

Please make your check(s) payable to Temple Sinai.

***If possible, please send separate checks for High Holy Day contributions and Member Financial Commitments.***

Date Received:

Check #:

Date Filled:

# Member Ticket Order Form

Member Name(s): \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

*Details about all services can be found in the High Holy Day booklet.*

## EREV ROSH HASHANAH | WEDNESDAY, SEPTEMBER 20

8:00 PM: Main Service or Kehillat Yom Tov Service

# Member Tickets _____	# Reciprocity Tickets _____
	# Paid Guest Tickets _____

## ROSH HASHANAH | THURSDAY, SEPTEMBER 21

8:30 AM: Tot Service with Baby Blessing

Request 1 Family Ticket

*We suggest you make at least 2 choices below.  
All services will be filled on a first come, first served basis.*

	1 <sup>st</sup> choice	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>At Temple Sinai</b> 10:00 AM Sanctuary Service <i>Rabbi Goldstein &amp; Cantor Croen</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 AM Bet Am Service <i>Rabbi Rosenwasser &amp; Cantorial Soloist Robyn Helzner</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>At BCC H.S.</b> 9:30 AM Early Alternative Service <i>Rabbi Roos &amp; Cantor Robins</i>	<b>Service Full</b>		
11:30 AM Late Alternative Service <i>Rabbi Roos &amp; Cantor Robins</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Member Tickets _____	# Reciprocity Tickets _____
	# Paid Guest Tickets _____

## EREV YOM KIPPUR/KOL NIDRE | FRIDAY, SEPTEMBER 29

choose one  6:30 PM: Early Main or Kehillat Yom Tov Service  
 8:30 PM: Late Main Service

# Member Tickets _____	# Reciprocity Tickets _____
	# Paid Guest Tickets _____

## YOM KIPPUR | SATURDAY, SEPTEMBER 30

8:30 AM Tot Service

Request 1 Family Ticket

*We suggest you make at least 2 choices below.  
All services will be filled on a first come, first served basis.*

	1 <sup>st</sup> choice	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>At Temple Sinai</b> 10:00 AM Sanctuary Service <i>Rabbi Roos &amp; Cantor Croen</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 AM Bet Am Service <i>Rabbi Goldstein &amp; Cantorial Soloist Robyn Helzner</i>	<b>Service Full</b>		

<b>At BCC H.S.</b> 9:30 AM Early Alternative Service <i>Rabbi Rosenwasser &amp; Cantor Robins</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30 AM Late Alternative Service <i>Rabbi Rosenwasser &amp; Cantor Robins</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Member Tickets _____	# Reciprocity Tickets _____
	# Paid Guest Tickets _____

3:15 PM: Mincha, Yizkor & Neilah Services

# Tickets \_\_\_\_\_ (all are welcome at no charge)

Are your guests members of another congregation? Please have their congregation send us a Reciprocity Request Form for complimentary tickets.

Total # of Paid Guest Tickets \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_

## Volunteer to Usher

Please join our cadre of devoted ushers who help us at services.

Please return this form with your ticket request,  
or send an email to [highholydays@templesinaidc.org](mailto:highholydays@templesinaidc.org)  
with the services you'd like to volunteer for.

Usher #1 Name: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

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

Usher #2 Name: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

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

	Usher # 1	Usher #2
<b>Selichot, Sat. 9/16</b>		
<b>8:00 PM</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Erev Rosh Hashanah, Weds. 9/20</b>		
Sanctuary Service (8:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rosh Hashanah, Thurs. 9/21</b>		
Tot Service (8:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Early Alternative/BCC (9:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Sanctuary (10:00 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Bet Am (10:00 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Late Alternative/BCC (11:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tashlich, Thurs. 9/21</b>		
Rock Creek Park Grove #6 (5:00 PM)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Erev Yom Kippur/Kol Nidre, Fri. 9/29</b>		
Early Sanctuary (6:30 PM)	<input type="checkbox"/>	<input type="checkbox"/>
Late Sanctuary (8:30 PM)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yom Kippur, Sat. 9/30</b>		
Tot Service (8:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Early Alternative/BCC (9:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Sanctuary (10:00 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Bet Am (10:00 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Late Alternative/BCC (11:30 AM)	<input type="checkbox"/>	<input type="checkbox"/>
Mincha (3:15 PM)	<input type="checkbox"/>	<input type="checkbox"/>
Yizkor (4:45 PM)	<input type="checkbox"/>	<input type="checkbox"/>
Neilah (5:30 PM)	<input type="checkbox"/>	<input type="checkbox"/>

Date Received:

## Child Care (ages 3-7)

Please fill out the form below and return it to the office along with payment by **August 18**. We cannot guarantee availability after August 18.

*Children may be dropped off as early as 30 minutes before the start of services. Children must be picked up promptly at the conclusion of each service. Light snacks will be provided during all child care sessions.*

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

Preferred Phone #: \_\_\_\_\_

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

Child(ren)'s Name/Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Erev Rosh Hashanah, Weds. 9/20

Sanctuary Service (8:00 PM)

### Rosh Hashanah, Thurs. 9/21

Early Service at BCC (9:30 AM)

Services at Temple Sinai (10:00 AM)

Late Service at BCC (11:30 AM)

### Erev Yom Kippur/Kol Nidre, Fri. 9/29

Early Sanctuary (6:30 PM)

### Yom Kippur, Sat. 9/30

Early Service at BCC (9:30 AM)

Services at Temple Sinai (10:00 AM)

Late Service at BCC (11:30 AM)

**The fee is \$25.00 per child per service.**

**Enclosed: \$ \_\_\_\_\_**

Date Received:

Check #:

## Memorial Book

The Memorial Book will be made available to congregants during the Yizkor Service on the afternoon of Yom Kippur. It will include the names of members and relatives of members who have died within the last year. It also provides an opportunity for all members to list and memorialize relatives who have died in years past.

Name(s): \_\_\_\_\_

**This form MUST be returned each year; we do not carry names forward automatically. If you would like to use the same listing as last year, please check here.**

### *Complete this section for a new or revised entry*

Remembered by: \_\_\_\_\_

In Memory of:

*Please include first names when possible, rather than "Mr. and Mrs."*

First Name            Middle Name/Initial    Last Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to the temple office by August 18.  
We suggest a voluntary contribution of \$36 per name.*

**Total Enclosed: \$ \_\_\_\_\_**

Date Received:

Check #:

## Lulav & Etrog

Temple Sinai will order lulav and etrog sets for members to use in their own homes. We will be in touch when sets are available for pickup at Temple Sinai prior to Sukkot.

The commandment regarding the four species is found in the Torah. After discussing the week-long Sukkot festival, specific instructions for how to celebrate the holiday are given. Leviticus 23:40 instructs:

*On the first day you shall take the product of hadar trees, branches of palm trees, boughs of leafy trees, and willows of the brook, and you shall rejoice before your God seven days.*

These are the four species that form the lulav. The four species are waved in the synagogue and in your sukkah as part of the service during the holiday of Sukkot.

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

Preferred Phone #: \_\_\_\_\_

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

*Please return this form to the temple office by September 15.*

**The fee is \$65.00 per set.**

**# of Sets: \_\_\_\_\_**

**Total Enclosed: \$ \_\_\_\_\_**

Date Received:

Check #:

## Dedicate Flowers

Each year our many High Holy Day services are enhanced by the beautiful flowers on the bimah. On Sukkot we celebrate the holiday by building and decorating a sukkah and decorating the bimah areas in our Sanctuary and Bet Am. All dedications for the High Holy Days are acknowledged on the service sheets that we distribute as well as in our newsletter.

Yes, I would like to dedicate flowers/decorations for:

- |   |  |
|---|--|
| <input type="checkbox"/> Erev Rosh Hashanah | <input type="checkbox"/> Rosh Hashanah |
| <input type="checkbox"/> Erev Yom Kippur    | <input type="checkbox"/> Yom Kippur    |
| <input type="checkbox"/> Sukkot: Sukkah     | <input type="checkbox"/> Sukkot: Bimah |

This contribution is:

in memory of \_\_\_\_\_

*or*

In honor of \_\_\_\_\_

Donated By: \_\_\_\_\_

\_\_\_\_\_

*Please return this form to the temple office by August 18 along with your check for \$500 for each dedication.*

*For other High Holy Day sponsorship opportunities, please contact the Development Office: [development@templesinadc.org](mailto:development@templesinadc.org).*

**Total Enclosed: \$ \_\_\_\_\_**

Date Received:

Check #:

## Simcha Tree Leaves & Memorial Plaques

Individual leaves on the Temple Sinai Simcha Tree may be purchased to celebrate your family's joyful times by making a contribution that helps sustain temple operations. The Simcha Tree is located between the Sanctuary Foyer and the Bet Am.

A brass memorial plaque can be ordered commemorating your loved ones. Each year, on the anniversary of their deaths, the plaques are hung in the lobby on our Memorial Wall.

**Simcha Tree Leaf** Date of Simcha: \_\_\_\_\_

Occasion: \_\_\_\_\_

Name(s) as you wish them to appear:

\_\_\_\_\_

\_\_\_\_\_

Donated By: \_\_\_\_\_

**Memorial Plaque** Ordered by: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Hebrew Date of Death\*: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Please return this form to the temple office by August 18, along with your check for \$300 per simcha leaf and/or \$400 per memorial plaque.*

**Total Enclosed: \$ \_\_\_\_\_**

*\*We will use the English date of death. However, if you prefer to use the Hebrew date, please let us know. If you do not know the Hebrew date, we will fill in this information for you.*

Date Received:

Check #: