

THE EDMOND J SAFRA SYNAGOGUE

1801 Ocean Parkway (at the corner of Ave. R), Brooklyn NY 11223

with **RABBI ELI J MANSOUR**

www.ejss.org

Below, please find the Seat Reservation Form for High Holidays 2014. Please complete the form and fax or email back ASAP. Clearing up your past pledges is a mandatory prerequisite to securing holiday seats. If finances have changed, and your ability to pay has diminished, then please speak with one of the committee members to modify your account accordingly. We will work with you, BUT you have to communicate and clear up your account!

HOLIDAY SEAT RESERVATION FORM 2014

Please complete this form and **FAX** back by August 26th to: **718-360-1309**
or scan and email to: info@ejss.org

Name: _____

Address: _____

Email: _____

Phone: _____

Payment for membership and seats MUST be via Credit Card

Type of Card (circle one): Amex Master Visa

Credit Card #: _____

Exp Date: _____

Enter Name

Man Woman

Seat 1: _____

Seat 2: _____

Seat 3: _____

Seat 4: _____

Seat 5: _____

Seat 6: _____

Seat 7: _____

Total # of Seats: _____ x \$301.00 per seat = \$ _____

Family Holiday Fee... \$ 501.00

Family Holiday Fee is mandatory from each family attending services on the holidays. We do not charge membership .

Total Family Holiday Fee and Seats to be charged on the Credit Card # shown to the left.....

\$

Please write below any special requests such as who you would like to sit next to. We will do our best to accommodate your request, but there are no guarantees.

Please make sure to satisfy your outstanding prior pledges to the synagogue.

The Synagogue shall charge the above credit card all of your outstanding pledges, unless you check off this box . If checked, you must contact a member of the committee to discuss your payment plan and situation; otherwise your Holiday Seats request will be invalid.