



# TEMPLE EMANU-EL OF PALM BEACH

2024/ 5785 HIGH HOLY DAYS

## MEMBER TICKET REQUEST

All requests due by September 6, 2024

Tickets will only be issued to those members who are current in their dues to the Temple.  
Tickets for you and your guests along with complimentary valet parking passes will be mailed to your local Florida address unless you advise us otherwise.

Member Name(s) \_\_\_\_\_

Member Child Name & Age \_\_\_\_\_ Member Child Name & Age \_\_\_\_\_

Member Child Name & Age \_\_\_\_\_ Member Child Name & Age \_\_\_\_\_

I/We will be attending: ☐ RH1 ☐ RH2 ☐ KN ☐ YK

I/We will attend Youth Program services ☐ Yes ☐ No

### Visiting Family and Guest Ticket Request

Non-Palm Beach County Resident Guests and Family Members = \$180 per adult

Palm Beach Resident Guests and Family Members = \$360 per adult

Visiting Family and Guests refers to all adults and independent children (not living at home, in college, or over age 23).

	#	Cost	Subtotal	Name & Address *(include age if younger than 23)
Non-Palm Beach County Resident Guest(s)	_____	x\$180 Per Adult	\$ _____	Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
Palm Beach County Resident Guest(s)	_____	x\$360 Per Adult	\$ _____	Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
				Name(s) _____ *Age _____ Address _____ City, State, Zip _____
<b>Total Cost</b>		<b>\$</b>	Please use the back if you need additional space.	

**Payment is due at time of reservation. Please include a check or fill out the credit card information below.**

Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card (3% convenience fee will be added) Visa, Mastercard, American Express, Discover

Name on Card \_\_\_\_\_ Phone Number \_\_\_\_\_

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please mail or hand deliver to: Temple Emanu-El of Palm Beach • 190 North County Rd • Palm Beach, FL 33480 • 561-832-0804

Or scan and email to [Officesec@tepb.org](mailto:Officesec@tepb.org)