



Beth Chayim Chadashim Days of Awe 5779/2018 BCC Member Order Form (REVISED 8/24/18)

Please complete and return this form with payment on or before Tuesday, September 04, 2018. All tickets will be held at the Will Call Table at Temple Isaiah.

Please Print: Member Name 1

Please Print: Member Name 2

	<u>Quantity</u> x <u>Cost</u> =	<u>Total Cost</u>
<u>Member Tickets</u>		
BCC Member Tickets (included with membership)	_____ x \$0 =	<u>FREE</u>
<u>Guest Tickets (see page 3 to list guest names)</u>		
All service access guest tickets	_____ x \$235 =	_____
Guest tickets for full-time students (all services) Includes one-year members for 5779/2018-2019	_____ x \$250 =	_____
Guest tickets (single service)	_____ x \$115 =	_____
GUEST TICKET SUB-TOTAL =		_____
<u>Rosh Hashanah 1st Day Catered Luncheon</u>		
Members	_____ x \$32 =	_____
Guests	_____ x \$38 =	_____
RH LUNCHEON SUB-TOTAL =		_____
<u>Tashlich Community Dinner</u>		
	_____ x \$0 =	<u>FREE</u>
<u>Sponsorships</u>		
Oneg Sponsorships	_____ x \$36 =	_____
Bimah "Fruit for a Cause" Sponsorships	_____ x \$36 =	_____
SPONSORSHIP SUB-TOTAL =		_____
<u>Yizkor Memorial Book Listings</u>		
(See page 4 to list names)	YIZKOR _____ x \$18 =	_____
<u>Childcare</u>		
Members (complete page 5, Childcare Registration Form)	=	<u>FREE</u>
Guests (complete & include total from page 5)	=	_____
TOTAL (add all sub-totals) =		_____

(Enter payment information on Page 2 of this document.)



Beth Chayim Chadashim Days of Awe 5779/2018 Payment Form: BCC Members Only (REVISED 8/24/18)

ALL PAYMENTS MUST BE SUBMITTED TO BCC BY NO LATER THAN 5:00 PM ON TUESDAY, SEPTEMBER 4, 2018.

Check enclosed

Please make payable to "Beth Chayim Chadashim" and mail to:

6090 W. Pico Blvd
Attn: BCC Office
Los Angeles, CA 90035

Charge to my/our ACH on File

Charge to my/our Credit Card on File

Please charge to the following card

Make this my/our "Credit Card on File" (we can only have one on file for you at a time)

Use for this transaction only

Print Name

Print Billing Address (Street/City/State/Zip)

Credit Card Number

Exp Date

Signature

Date



Beth Chayim Chadashim Days of Awe 5779/2018 Guest Information Form

PLEASE PRINT FIRST AND LAST NAMES OF ALL GUESTS IN EACH CATEGORY

First guest ticket (all services)

Name of Guest: _____

Additional guests (all services)

Name of Guest 1: _____

Name of Guest 2: _____

Name of Guest 3: _____

Name of Guest 4: _____

Name of Guest 5: _____

Name of Guest 6: _____

Guest tickets for full-time students (all services)

Name of Guest 1: _____

Name of Guest 2: _____

Name of Guest 3: _____

Guest tickets (Erev Rosh Hashanah + RH Day One & Two)

Name of Guest 1: _____

Name of Guest 2: _____

Name of Guest 3: _____

Name of Guest 4: _____

Guest tickets (Kol Nidre + Yom Kippur)

Name of Guest 1: _____

Name of Guest 2: _____

Name of Guest 3: _____

Name of Guest 4: _____



Beth Chayim Chadashim Days of Awe 5779/2018 Yizkor Book Memorial Names (REVISED 8/24/18)

The 5779 Yizkor Memorial Book will be used for Yizkor services on Yom Kippur afternoon, Wednesday, September 19, 2018 at 4:00 pm and throughout the year at BCC Yizkor services.

Suggested contribution is \$18 per name/category.

Remembered by (PLEASE PRINT): _____

I/we would like to support our BCC community in remembering (check all that apply):

- The six million Jews and all victims of the Shoah
- Lesbian, Gay, Bisexual and Transgender Jews who have us to say Kaddish for them
- Men, women and children who have died of AIDS
- Women who have died of unsafe and illegal abortions
- Those who have died in acts of violence, terrorism, war, and natural disaster

I/we would like to remember the following friends and family members:

Name of Person

My/Our Relationship to Person

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____



BCC Days of Awe 5779/2018 Childcare Registration Form (REVISED 8/24/18)

Childcare and family programming for children of all age groups will be available at Temple Isaiah on Erev Rosh Hashanah, Rosh Hashanah (1st Day), Kol Nidre and Yom Kippur. Please make sure you include information below for **ALL** children - whether of BCC members or of their guests.

Childcare is free for all BCC members.

Childcare for Children of BCC Member Guests	# Kids	x Cost =	Total
Erev Rosh Hashanah 9/09/18	_____	x \$15 =	_____
Rosh Hashanah Day 9/10/18	_____	x \$30 =	_____
Kol Nidre 9/18/18	_____	x \$15 =	_____
Yom Kippur Day 9/19/18	_____	x \$30 =	_____
TOTAL (add to Page 1)		=	_____

Registration: For your children’s safety, all adults bringing children to the childcare area are required to sign them in and out. Please register children in advance so that we can have an accurate headcount and provide adequate childcare staffing and supervision.

Child’s Name & Age	Parent/Guardian Name/Cell	Allergies/ Medications/Other Special Instructions