



MARTHA'S VINEYARD HEBREW CENTER

High Holiday Reservation Form 2019

Name _____ Island Phone _____

Mailing Address _____ Off-Island Phone _____

Town/State/Zip _____ Email _____

Dues Current? Yes No

Reservations	Number Attending	Suggested Donation	Amount
Member		Included in membership	N/A
Member Extended Family		\$100 per person	\$
Non-Member		\$200 per person	\$
Students		No Charge	N/A
Visitors in 20's		\$36 per person	\$
Additional Donation			\$
Kiddush Sponsorship		\$100.00	\$
Flower or Plant Donation		\$100.00	\$
Total Amount Enclosed			\$

*We are committed to an open-door policy. Everyone is welcome to attend services regardless of ability to contribute financially.
Please feel free to add an extra donation, which will help to welcome all.*

Please fill in number of people attending

Name: _____

**Please contact the office if your plans should change*

Rosh Hashanah		
<u>Rosh Hashanah Services</u>	<u>Adults & Teens</u> (# attending)	<u>Children</u> (Names and ages)
<u>Sunday, September 29</u> Rosh Hashanah Evening 5:30 - 6:45 pm		
<u>Monday, September 30</u> Rosh Hashanah Day 1 9:30 am - 12:30 pm		
Children's Service 10:15 - 11:30 am (# children attending)		
<u>Tuesday, October 1</u> Rosh Hashanah Day 2 9:30 am - 12:15 pm		
Yom Kippur		
<u>Yom Kippur Services</u>	<u>Adults & Teens</u> (# attending)	<u>Children</u> (Names and ages)
<u>Tuesday, October 8</u> Kol Nidre 6:00 - 8:00 pm		
<u>Wednesday, October 9</u> Yom Kippur Morning 9:30 am - 12:45 pm		
Children's Service 10:15 - 11:30 am (# children attending)		
Yizkor Service (please arrive at 4:00) 4:15 - 4:45 pm		
Afternoon Services & Ne'ila 4:50 - 6:50 pm Shofar Blast 6:52 pm		
Followed by a Pot-luck Vegetarian Break-the-Fast		

Can you Help?

Please check all that apply: Name: _____

Co-sponsor a High Holiday Kiddush in someone's honor or memory (\$100 donations, 12 sponsors needed)	<input type="checkbox"/> Yes, I would like to co-sponsor a Kiddush In honor of: _____ In memory of: _____
Co-sponsor flowers or plants for the High Holidays (\$100 donation)	<input type="checkbox"/> Yes, I would like to co-sponsor flowers or plants for the High Holiday Services In honor of: _____ In memory of: _____
Assist in Children's Services	<input type="checkbox"/> Yes, I am willing to assist with in the Children's Services
Assist with ushering and greeting	<input type="checkbox"/> Yes, I am willing to assist with ushering and greeting

I have read and I understand the following policies for the comfort of our members.

- No cell phones or electronic devices are permitted anywhere in the building during the holidays with the exception of emergency medical workers who must register with the office.
- Because some of our members are allergic to perfumes and other fragrances, we are a fragrance-free facility.

Signature: _____

Pay by check (enclosed) or credit card

Name on card _____

Card number _____

Billing Zip Code _____ Expiration (mm/yy) _____

Amount to be charged: \$ _____

Please complete this form and mail it to:

MVHC-High Holidays
PO Box 692
Vineyard Haven, MA 02568

Or email to: office @ mvhc.us
Questions? Call 508-693-0745