



# 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*

<b>Rosh Hashanah</b>		
<b>Rosh Hashanah Services</b>	<b>Adults &amp; Teens (# attending)</b>	<b>Children (Names and ages)</b>
Sunday, September 29 Rosh Hashanah Evening 5:30 - 6:45 pm		
Monday, September 30 Rosh Hashanah Day 1 9:30 am - 12:30 pm		
Children's Service 10:15 - 11:30 am (# children attending)		
Tuesday, October 1 Rosh Hashanah Day 2 9:30 am - 12:15 pm		
<b>Yom Kippur</b>		
<b>Yom Kippur Services</b>	<b>Adults &amp; Teens (# attending)</b>	<b>Children (Names and ages)</b>
Tuesday, October 8 Kol Nidre 6:00 - 8:00 pm		
Wednesday, October 9 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 \_\_\_\_\_

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**