

# Congregation Or Ahavah - High Holiday Form

**YOM KIPPUR  
REGISTRATIO**

Name: \_\_\_\_\_

Others attending:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

## Yom Kippur Retreat (Payment due by 9/30/14)

Member Price: \$180 \$ \_\_\_\_\_

Non-members: \$225 \$ \_\_\_\_\_

Child under 18 years of age): \$85 \$ \_\_\_\_\_

## Be an Angel: (*tzedakah to help another attend the retreat!*)

Angel Fund Donation \$ \_\_\_\_\_

## Rosh HaShanah (Payment due by 9/20/14)

Member Price: \$18

Non-members: \$54 \$ \_\_\_\_\_

Students: \$18 \$ \_\_\_\_\_

Children: Free

**TOTAL PAID** \$ \_\_\_\_\_

**PRICING**

Make checks payable to: **Congregation Or Ahavah**

Please mail this form and your check to:

15919 Notting Hill Drive, Lutz, Fl 33548