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## Congregation Ohev Shalom High Holiday Reservations

Reservation Prices	
Full Member (before Aug. 18 <sup>th</sup> )	
Adult	\$180
Child*	\$120
Full Member (after Aug. 18 <sup>th</sup> )	
Adult	\$200
Child*	\$120
Associate & Non-Member (before Aug. 18 <sup>th</sup> )	
Adult	\$300
Child*	\$150
Associate & Non-Member (after Aug. 18 <sup>th</sup> )	
Adult	\$360
Child*	\$180
* Child under Bar/Bat Mitzvah age	

Names (Print first & last names)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Reservation Total</b>	<b>\$</b> _____

### Child Care (10 Years Old & Under)

Child Care Sessions & Prices	
First Day Rosh HaShanah (Session 1)	
10:00am – 2:00pm	\$15 per child
Second Day Rosh HaShanah (Session 2)	
10:00am – 2:00pm	\$15 per child
Kol Nidre (Session 3)	
6:30pm – 9:30pm	\$15 per child
Yom Kippur Day (Session 4)	
10:00am – 2:00pm	\$15 per child
Neilah (Session 5)	
6:30pm – 8:30 pm	\$15 per child

Names (first & last)	Age	Sessions				
		1	2	3	4	5
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Childcare Total** \$ \_\_\_\_\_

Payment Methods	
* Due to increased fees, please add 5% for credit card	
<b>Total amount due &amp; enclosed:</b> \$ _____	
<input type="checkbox"/>	I am paying by check payable to: Congregation Ohev Shalom
<input type="checkbox"/>	* Charge my Visa/Mastercard # _____ Expiration Date: _____ Name on card: _____ Signature: _____
Please note: Membership dues, fees and pledges must be paid in full to qualify for membership rate Send this form with your payment to: Congregation Ohev Shalom, 6821 McCallum Blvd, Dallas, TX 75252	

**Need accommodations?** # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Phone # \_\_\_\_\_

Or, you can print this form and fax it to the shul at (972)733-4978  
 Or, you can scan it and attach it to an email to lfharris@ix.netcom.com  
 And for your convenience, you can make your payment online securely at  
[www.ohev.com/donate.asp](http://www.ohev.com/donate.asp) . You can use your credit/debit card or an  
 electronic check. No financial information you submit goes to the  
 shul. It all goes securely via Authorize.net to the shul's bank.