



# 5780/2019 HIGH HOLY DAYS

- All services held at Deerfield High School • 1959 Waukegan Road • Deerfield
- Ticket required for each person for adult services. **(No tickets required for Tot or Family services, but RSVP requested)**
- Har Shalom membership includes tickets (maximum 6) for immediate family living in household.

**Membership commitment must be made prior to ticket order and ticket order form must be submitted.**

Please return your membership commitment by 6/30/18 to guarantee High Holy Days tickets.

## **ROSH HASHANA SERVICE SCHEDULE:**

**Sunday, September 29th:**

Evening Service - 7 p.m.

**Monday, September 30th:**

Adult Morning Service - 10 a.m.

Tot Service - 12:30 p.m.\*

Family Service - 1:30 p.m.\*

## **YOM KIPPUR SERVICE SCHEDULE:**

**Tuesday, October 8th:**

Kol Nidre - 7 p.m.

**Wednesday, October 9th:**

Adult Morning Service - 9:30 a.m.

Yizkor (memorial) - 11:30 a.m. ~ directly following morning service

Tot Service - 12:30 p.m.\*

Family Service - 1:30 p.m.\*

N'eilah (concluding service) - 4:30 p.m.

## **HAR SHALOM 5780/2019 HIGH HOLY DAYS TICKET ORDER FORM**

Please return this form, keeping the top portion for your reference.

Family/Household Last Name: \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Your email address will be added to the Har Shalom list. Most communication regarding High Holy Days information and tickets will be sent via email.

### **NUMBER OF TICKETS NEEDED:**

HAR SHALOM MEMBER TICKETS \_\_\_\_\_ @ \$0 n/a

Current Har Shalom membership includes tickets (maximum 6) for immediate family living in household.

**NON-MEMBER/GUEST REGULAR:**

Individual: \_\_\_\_\_ @ \$225.00 \$ \_\_\_\_\_

Family (maximum 6): \_\_\_\_\_ @ \$700.00 \$ \_\_\_\_\_

Total # of people per family ticket: \_\_\_\_\_

**\*No tickets required for TOT / FAMILY SERVICES, but RSVP requested and donation appreciated:**

\_\_\_\_\_ will attend **Tot Services** \_\_\_\_\_ will attend **Family Services**  
Indicate Number Indicate Number

Donation for Tot / Family Services: \$ \_\_\_\_\_

Additional Donation to Har Shalom: \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**



Check to request handicapped parking space: \_\_\_\_\_

Please return this completed form, along with payment if applicable, to:

**Har Shalom • 1954 First Street - #367 • Highland Park, IL 60035**