



NON-MEMBER HIGH HOLY DAY FORM

Includes admittance to all services

Mail this form and check to:

**Marilyn Semer
220 Eyland Avenue
Succasunna, NJ 07876**

Name _____ Name _____

Name _____ Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone Numbers: Home _____ Cell _____

Email(s) _____

Children under age 21 are free.

Numbers of ADULT guests attending at \$150 each:

_____ x \$150 = \$ _____ **TOTAL**

Number of children attending: _____

How did you hear about us? _____

*Checks should be payable to "Congregation Or Ha Lev"
and be **mailed** by Friday, August 25, 2017. (See address above.)*

**Any questions, please contact Rabbi Deb Smith
at (908) 303-8374 or hineni77@gmail.com.**