

Welcome to B'nai Or of Boston!

We look forward to your participation in this year's High Holy Day's Services 5780.

To assure that we have ample materials for our guests, we request that you PRE-REGISTER before September 15, 2019.

Note: After September 15, please bring this registration form, along with your payment, with you to services.

Adult #1: Last, First Name: _____ Adult #2: Last, First Name: _____

_____ **College and Graduate Students FREE (Donations welcome).**

Indicate # Adults: () Erev Rosh Hashanah () Rosh Hashanah () Kol Nidre () Yom Kippur
 Total Amount Due: \$0 (Please consider making a donation to help support B'nai Or. Any amount is welcome and appreciated.)

_____ **Young Adult (NON-College or Graduate student) ages 18-30: \$18-\$36 per adult per service suggested**

Indicate # Adults: () Erev Rosh Hashanah () Rosh Hashanah () Kol Nidre () Yom Kippur
Total Amount due: \$ _____

_____ **All other adults age 30+: \$50-\$100 Sliding Scale (per adult per service)**

Indicate # Adults: () Erev Rosh Hashanah () Rosh Hashanah () Kol Nidre () Yom Kippur
Total Amount due: \$ _____

NOTE: High Holy Days Service(s) Registration Fees will be applied to Membership if you become a member of the B'nai Or community by December 31, 2019.

CHILDREN ARE WELCOME AT ALL B'NAI OR HIGH HOLY DAY SERVICES!

I would like to register my child/children ages 3-17 (\$5 per child/per service; children ages 2 and younger FREE).
 Childcare will be provided for **PRE-REGISTERED** children ages 2-10 at no additional cost.

Registration Deadline for CHILDCARE is September 15, 2019.

Child/Children's Names/Ages _____

Number of children _____ x Number of services _____ = \$ _____ Total Amount Due

Please indicate the services your child will/may be in childcare:

Indicate # Children: () Erev Rosh Hashanah () Rosh Hashanah () Kol Nidre () Yom Kippur

Attn Parents: - Please provide your child(ren) with a light snack if your child(ren) is pre-registered for Yom Kippur Childcare.

Mailing Address:

Street /Apt. # _____ City _____ State _____ Zip _____

Email: _____ Tel. (provide if paying by Credit Card) _____

TOTAL REGISTRATION AMOUNT DUE, ADULTS & CHILDREN (FROM ABOVE): \$ _____
B'NAI OR ANNUAL BREAK-THE-FAST DINNER (Please enclose completed registration form.): \$ _____

TOTAL DONATIONS (Please appropriate your donation contributions on Page 2 of this form): \$ _____

TOTAL AMOUNT SUBMITTED: \$ _____

Donation Categories, Payment Options, and other important information are found on Page 2 of Registration Form.

B'nai Or of Boston GUEST REGISTRATION - Page 2

In addition to registration fees for High Holy Day Services, we ask you to consider contributing to any of B'nai Or's **DONATION** categories that speak to you. All donations are tax-deductible. We appreciate you and are grateful for your support.

- General Fund (donations to be used wherever needed) \$ _____
- Rabbi's Yad Ezra/Helping Hand Fund (used at Rabbi's discretion to help people in need) \$ _____
- Machzor Fund (print new copies of Machzor as needed) \$ _____
- Musician's Fund (honorarium for guest musicians at Shabbat Services) \$ _____
- Esther's Kids (children's programs; subsidize families who attend retreat) \$ _____
- Kiddush & Oneg Fund (for challot, wine, food, and paper goods) \$ _____
- Tzedakah Fund (donations to a variety of charitable organizations) \$ _____
- Torah Fund (repair Torah as needed) \$ _____
- Love and Enlightenment Scholarship Fund in Honor of Rabbi Hanna Tiferet and Rabbi Daniel Siegel \$ _____

TOTAL DONATIONS (please note this amount on the appropriate line on Page 1): \$ _____

PAYMENT OPTIONS (Please PRINT CLEARLY):

- Check - Please make check payable to: B'nai Or of Boston. Mail to: P.O. Box 400715, Cambridge, MA 02140

Please consider paying by CHECK so that we do not incur additional credit card processing fees. Thank you.

- Mastercard VISA

Please note: Credit Card payments will be processed by the B'nai Or Executive Director after High Holy Days.

Name on Card _____

Address (associated with card, if different from above) _____

Card # _____ Exp Date: _____ CID/SSID # _____

LIKE OUR FACEBOOK PAGE ~ B'nai Or (Community of Light)

- Please CHECK if you **DO NOT** wish to receive periodic notices about B'nai Or Services and/or Events

I am interested in joining the B'nai Or Community at a **First Year Membership rate of \$450** (\$510 Sustaining Member). NOTE: High Holy Day Registration fees will be applied to Membership if you join B'nai Or by December 31, 2019.

I am interested in joining the B'nai Or Community. I am a **YOUNG ADULT AGE 18 - 30**. Annual Membership Dues for Young Adults are \$105 (\$130 Sustaining Member).

I/We are interested in attending the B'nai Or Annual Break-the-Fast Dinner (complete and return Break-the-Fast registration form included in this packet). Include your Break-the-Fast Dinner registration payment amount on the appropriate line on Page 1.

Please return completed Registration Form by September 15, 2019 to:

B'nai Or of Boston, PO Box 400715, Cambridge MA 02140

For more information about B'nai Or of Boston, please visit www.bnaior.org

EVERYONE IS WELCOME TO OUR ANNUAL BREAK-THE- FAST DINNER

October 9, 2019

(following conclusion of Yom Kippur Services)

ANNUAL BREAK-THE-FAST DINNER REGISTRATION

SPACE IS LIMITED

In order to guarantee your seat at the table, please complete the information below and return this form without delay.

Print Name Clearly

Name(s) _____

Your Contact Email: _____

Phone: _____

COST:

Adults Age 18+ \$25 per Adult

Children Ages 4-17 (under Age 3 FREE) \$18 per Child

Total # Adults _____

Total # Children _____

TOTAL DUE \$ _____

Please return completed Registration Form by September 15, 2019 to:

B'nai Or of Boston, PO Box 400715, Cambridge MA 02140

For more information about B'nai Or of Boston, please visit www.bnaior.org