

**Congregation Beth-El — Reserved Seats: Available only in the Lobby**

---

Member's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

**Please reserve seats for**

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_



**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Please reserve \_\_\_\_\_ seats at \$50.00 each. Total: \$ \_\_\_\_\_

**Method of Payment:**

- Cash                       Cheque (payable to the Congregation Beth-El)  
                          Corporate     Personal

--	--	--	--

Card number Expiry date

Security numbers 

--	--	--

Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_