



CONGREGATION
 בית יעקב
 BETH JACOB

Dear Friends,

We welcome you to worship and learn with us on the High Holy Days.

The following page is our ticket information and order form. You may use this form if you are not a member of Beth Jacob, or if you are a member and wish to order extra tickets. Please print the order form, fill it in, and mail, fax, bring, or scan/e-mail it to us.

**Congregation Beth Jacob
 1550 Alameda de las Pulgas
 Redwood City, CA 94061
 650-366-8481 voice
 650-366-4629 fax
 cbj@bethjacobrwc.org**

We will mail tickets to you if time permits; otherwise, we will hold them here at "Will Call."

All services will be held at Congregation Beth Jacob.

We wish you Shanah Tovah, a very sweet and happy New Year

Office Only:		
Received date:	By:	
Will Call date:	Pick-up date:	Mail date:
Posted date:	By:	



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Schedule of Services 2011 / 5772

“May you be inscribed and sealed in the Book of Life”

EREV ROSH HASHANAH
Wednesday, September 28
“Early Service”: 6:00 p.m.
Family Service: 6:00 p.m.
Sanctuary Service: 7:30 p.m.

1st DAY ROSH HASHANAH
Thursday, September 29
Sanctuary Service: 9:00 a.m.
“A Different Service”: 10:00 a.m.
Teen Service: 11:00 a.m.
Tashlich: 1:30 p.m.

2nd DAY ROSH HASHANAH
Friday, September 30
Sanctuary Service: 9:00 a.m.

KOL NIDRE
Friday, October 7
Family Service: 5:30 p.m.
Sanctuary Service: 7:00 p.m.
“A Different Service”: 7:00 p.m.

YOM KIPPUR
Saturday, October 8
Sanctuary Service: 9:00 a.m.
“A Different Service”: 10:00 a.m.
Teen Service: 11:00 a.m.
Study Sessions: 3:00 p.m.
Mincha: 4:00 p.m.
Yizkor: 5:30 p.m.
Ne'ilah: 6:00 p.m.

**ALL SERVICES WILL BE HELD AT
CONGREGATION BETH JACOB**



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2011/5772 High Holy Day Ticket Order Form

Please print clearly:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Number of Tickets Requested:

Non-members unaffiliated with another congregation @ \$250.00 per adult.
 Includes all High Holy Day services.

“Friends and Family” @ \$180.00 per adult. *Tickets must be purchased by and delivered to a CBJ member.* Limit 6. Includes all High Holy Day services.

Out-of-town guests affiliated with another congregation at no charge.
 (Please enclose Letter of Reciprocity.)

Congregation Name: _____ Location: _____

College students, military personnel, Project Reconnect, and Birthright NEXT at no charge (must fill in information below as applicable).

School/Military Base Name: _____ Location: _____

Project Reconnect, Name and City of Original Synagogue: _____

Birthright NEXT, Program Dates: _____

_____ Total Number of tickets requested

Payment: _____

Check #: _____

Visa/MC#: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Billing Address: _____

City, State, Zip: _____