



**TEMPLE SOLEL**

*5780/2019 Life Cycles, Seating & Parking  
Payment Form*

Forms and Payments are due by September 9, 2019

Seating and Reserved Parking Request Form	\$ _____
Life Cycle / Shanah Tovah Wishes Form	\$ _____
Life Cycles / Simchas Form	\$ _____
Life Cycles / In Loving Memory Form	\$ _____
<hr/>	
Total Payment	\$ _____

Check Enclosed # \_\_\_\_\_

Credit Card (please complete below)

**CREDIT CARD AUTHORIZATION FORM**

I hereby authorize Temple Solel of Hollywood, FL to process a payment as follows:

\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ Discover    \_\_\_\_ AmEx

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Please charge: \$ \_\_\_\_\_ (*one-time charge*)

Name on Card (*please print*): \_\_\_\_\_

Card Full Billing Address: \_\_\_\_\_  
\_\_\_\_\_

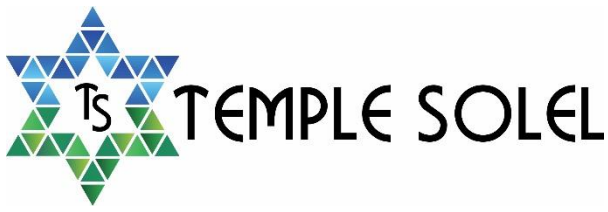
Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Temple Solel**

5100 Sheridan Street ✧ Hollywood, FL 33021

954-989-0205 ✧ [www.templesolel.com](http://www.templesolel.com) ✧ [info@templesolel.com](mailto:info@templesolel.com)



*High Holy Days 5780/2019*  
*Seating and Reserved Parking Form*

**Seats are issued to all 2019 members in good standing and are good for any seat except reserved seats. A limited number of reserved seats are available in the Sanctuary.**

- ✧ Annual Family Memberships include 2 adult seats and seats for their children under the age of 25. Additional children or family member seats may be purchased for \$180 each.
- ✧ Annual Single Memberships include 1 adult seat and seats for their children under the age of 25. Additional children or family member seats may be purchased for \$180 each.
- ✧ Annual Auxilliary Memberships do not include High Holy seats. Seats may be purchased for \$180 each.
- ✧ All members may purchase reserved seating for \$250 each.
- ✧ Non-Members may purchase general seating for \$250 each or reserved seating for \$360 each.
- ✧ Passes for the general parking lot at Sheridan Technical College will be mailed along with your seats.
- ✧ Members may purchase reserved parking spots in the main Solel parking lot for \$136 each.

**Seating Requests** A limited number of reserved seats are available in the Sanctuary. All seats include parking passes for the general parking area at Sheridan Technical. Reserved parking passes may be purchased below.

✧ Members: I/We would like to purchase additional seats for the High Holy Days:  
 Open Seats: \_\_\_\_\_ seats x \$180 each = \$ \_\_\_\_\_  
 Reserved Seats: \_\_\_\_\_ seats x \$250 each = \$ \_\_\_\_\_

✧ Non-Members or Auxiliary Members: I/We would like to join you for High Holy Days services.  
 Open Seats: \_\_\_\_\_ seats x \$250 each = \$ \_\_\_\_\_  
 Reserved Seats: \_\_\_\_\_ seats x \$360 each = \$ \_\_\_\_\_

Please list names for above passes: *(must match ID)*

- (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

**Reserved Parking Requests** A limited number reserved parking spots are available in the main Temple Solel parking lot.

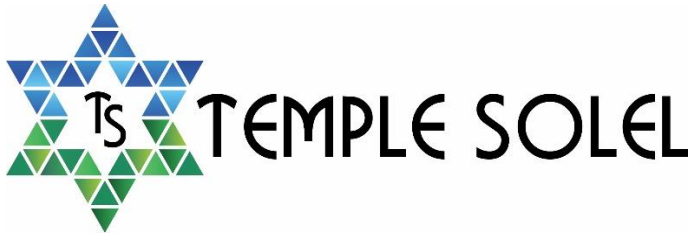
✧ Members: \_\_\_\_\_ spot(s) x \$136 each = \$ \_\_\_\_\_  
 ✧ Non- Members: \_\_\_\_\_ spot(s) x \$150 each = \$ \_\_\_\_\_

**Please mail seat and/or parking passes to:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**AMOUNT DUE FOR SEATING & RESERVED PARKING SECTION \$ \_\_\_\_\_**

(Please transfer this total to Payment Form)



5780/2019 *Life Cycles*

*Shanah Tovah Wishes*

The *Shanah Tovah* section is a wonderful way to begin the New Year by extending warm greetings to your family and friends.

This section features greetings in the following sizes:

Signature Line: \$18 (Example: *Amy & David Cohen*)

¼ Page: \$54

½ Page: \$72

Full Page: \$108

2.25" x 3.5"

4.5" x 3.5"

4.5" x 7"

High resolution photos may be submitted via email to [admin@templesolel.com](mailto:admin@templesolel.com)

Please fill out a separate form for each greeting. Thank you!

**Please choose greeting size:**

\_\_\_\_\_ Signature Line @ \$18

\_\_\_\_\_ ¼ Page @ \$54

\_\_\_\_\_ ½ Page @ \$72

\_\_\_\_\_ Full Page @ \$108

\_\_\_\_\_ Please repeat the same greeting as last year

\_\_\_\_\_ Photo will be emailed

**Greeting to be Printed:**

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Your Name \_\_\_\_\_

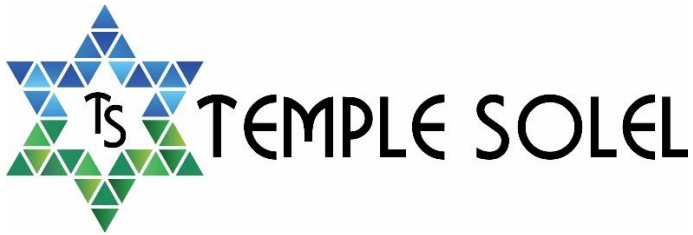
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**AMOUNT DUE FOR SHANAH TOVA WISHES SECTION \$ \_\_\_\_\_**

(Please transfer this total to Payment Form)



5780/2019 *Life Cycles*

*Simcha Life Cycles*

The *LifeCycles* section is a great way to commemorate and share lifecycle events that took place over the past year.

This section features events in the following sizes:

¼ Page: \$54  
2.25" x 3.5"

½ Page: \$72  
4.5" x 3.5"

Full Page: \$108  
4.5" x 7"

High resolution photos may be submitted via email to [admin@templesolel.com](mailto:admin@templesolel.com)

Please fill out a separate form for each lifecycle event. Thank you!

**Please choose the type of lifecycle event that you are commemorating and size:**

Birth     Wedding     Anniversary     Bar/Bat Mitzvah     Birthday  
 ¼ Page @ \$54     ½ Page @ \$72  
 Full Page @ \$108  
 Please repeat the same greeting as last year     Photo will be emailed

**Event to be Printed:**

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Your Name \_\_\_\_\_

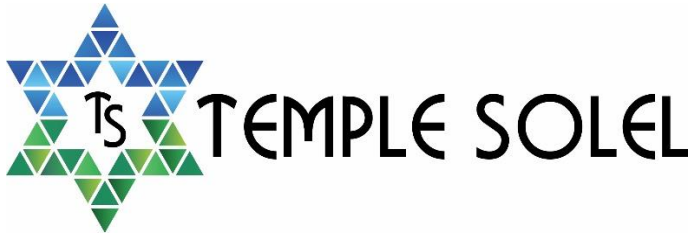
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**AMOUNT DUE FOR SIMCHA LIFECYCLES SECTION \$ \_\_\_\_\_**

(Please transfer this total to Payment Form)



5780/2019 *Life Cycles*  
*In Loving Memory*

The *Memorials* section is a beautiful way to remember loved ones who are no longer with us. This book will be used during Yizkor services over the High Holy Days.

Please indicate whether you are keeping the same names as last year, adding new names, or if this is a new listing to our Memorials section.

Memorial names: \$18 each

**Total number of names to be included \_\_\_\_\_ x \$18 = \$ \_\_\_\_\_**

\_\_\_\_\_ Please keep the same names as last year

\_\_\_\_\_ Please add the names below to last year's listing

\_\_\_\_\_ This is a new listing in the LifeCycles/Memorials section

*List any additional or new names below:*

_____	_____
_____	_____
_____	_____
_____	_____

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**AMOUNT DUE FOR IN LOVING MEMORY SECTION \$ \_\_\_\_\_**

(Please transfer this total to Payment Form)