



UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
NORTH AMERICAN ASSOCIATION OF SYNAGOGUE EXECUTIVES



HIGH HOLY DAY RECIPROCAL SEATING REQUEST

Today's Date: _____

FROM:

Name of Congregation: _____

Street Address: _____

City, State/Province, Zip/Postcode: _____

Voice: _____ Fax: _____

E-mail: _____

Executive Director or other Agent of Congregation: _____

TO:

Name of Congregation: Congregation Or Zarua

Street Address: 127 East 82nd Street

City, State/Province, Zip/Postcode: New York, NY 10028

Voice: (212) 452-2310 x12 Fax: (212) 452-2103

E-mail: dwenger@orzarua.org

Executive Director or other Agent of Congregation: Deborah Wenger, Administrative Assistant

_____ is/are member(s) of our congregation in good standing, who will be in your area for the High Holy Days this year. He/she/they will be guests of your member(s) _____. We would be grateful if you would extend to him/her/them the courtesy of High Holy Day seating at your synagogue for Rosh HaShanah _____ Yom Kippur _____ All days _____.

- High Holy Day seats are included in our congregational membership fee, which they are paying to us.
- High Holy Day seats are not included in our congregational membership fee, but they are paying both the membership fee and a seat fee to us.
- High Holy Day seats are not included in our congregational membership fee. They are paying our membership fee but not our seat fee. If you have seat fees, they therefore understand that you may request that they pay your seat fee.

Member contact information: _____

Please advise our member(s) as to how you will convey ticket(s) to him/her/them.

Thank you for your consideration. [Signed] _____