

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Your Guests:

GUEST NAME / CITY

GUEST NAME / CITY

GUEST NAME / CITY

Local children of Temple members + 26 and over, may attend
all services for a contribution of \$200.00 per person.

GUEST NAME

GUEST NAME

GUEST NAME

GUEST NAME