

Name: _____

2024/5785 High Holy Days Registration Forms



Please complete the required information and include payment for appropriate programs/options. Checks can be made payable to Congregation Shaarey Tikvah or credit card payments can be made through the CST website.

Online registration is available by scanning the QR code.

Please submit registration and payment to the office by September 13, 2024.

Please make checks payable to Congregation Shaarey Tikvah or visit shaareytikvah.org/donate to pay using a credit card.

MEMBER INFORMATION

NEW THIS YEAR: Member adults do not need to register for the High Holy Days. As a member in good standing, you are entitled to High Holy Days tickets and we are happy to take 'register to attend' off your to-do list this season.

ADDITIONAL OPPORTUNITIES

I/We Would Like To:	YES	NO	If YES, complete:
Include Names in the Book of Remembrance			Page 2
Register Children for Childcare or Programming			Page 3
Volunteer for the Usher/Greeter/Security Team			Page 4
Volunteer for the Children's High Holy Days Experience Team			Page 5
Volunteer for the Corners of Our Fields Food Sorting Team			Page 6
Host New or Non-Members for a Shabbat or Sukkot Meal			Page 6
Register as a Non-Member or Bring Guests/Adult Children			Page 7
Purchase One or More Mahzor Lev Shalem			Page 8
Make My/Our Pledge to the Shofar Campaign			Page 8

Name: _____

YOM KIPPUR BOOK OF REMEMBRANCE

The Yizkor Service has always been a meaningful part of the Yom Kippur Day. At this time, we call to mind our beloved departed family members and friends and unite their memories with the living community.

As in past years, our Yom Kippur Book of Remembrance will include the names of your loved ones and will be available on Kol Nidre, October 11. Only the names of those who have passed since last Yom Kippur will be read aloud at the Yizkor Service. If you have lost a loved one during this period, when filling in the form, please circle 'Yes' so that their name(s) may be read aloud.

The Book of Remembrance will contain your name so that a clear relationship will be evident between the deceased and those who remember them. It is traditional to honor those deceased with a charitable contribution to the synagogue. We suggest a minimum donation of \$18 per name, but any amount will be accepted.

To ensure that your names are included, we must receive your list no later than September 13, 2024.

BOOK OF REMEMBRANCE INFORMATION *Please print carefully*

- Print the same names as last year (*check only if no changes*)
- Print the same names as last year **AND** those below
- Print **ONLY** the names below

Name: <i>Additional names can be written on the back of this page</i>	Deceased since Yom Kippur 2023/5784?	
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

Remembered By: _____

If you are unsure which names you included in 2023/5784 contact Debbie at 216-765-8300 x100 or debbie@shaareytikvah.org.

Name: _____

CHILDCARE & CHILDREN'S PROGRAMMING REGISTRATION

Childcare for children ages 1-5 and programming for children in grades K-7 will be available for the services below:

- Rosh Hashanah 1 9:00am – conclusion of services (9:30am for K-7)
- Rosh Hashanah 2 9:00am – conclusion of services (9:30am for K-7)
- Kol Nidre 6:30pm – conclusion of services **Only Ages 1-5**
- Yom Kippur 9:00am – conclusion of morning services (9:30am for K-7)

Cost for Childcare for Children Ages 1-5:

\$60/child for All Services

\$20/child for Individual Services

There is no cost for programming for children in grades K-7.

Security Note: All children will be given nametags and are expected to wear them at all times. Your child(ren) should be with you, in childcare/programming, or in the sanctuary at all times. Children are asked not to congregate in the lobby, hallways, or social halls.

Please return this form to the synagogue no later than September 13, 2024. We hire babysitters and plan activities based on pre-registration so please note that we may not be able to accommodate children who are not registered for childcare/programming.

Please write the name and age/grade (as of Fall 2024) of each child and indicate which day(s) they will/may be present. Please also indicate your child/ren's food allergies.

NAME	AGE / GRADE	RH1	RH2	KOL NIDRE	YK	FOOD ALLERGIES

Name: _____

VOLUNTEER | Ushers, Greeters, & Security Team

Thank you for your commitment to supporting our congregation with your time and being part of the High Holiday Usher/Greeter/Security Team. **If you only want to volunteer for the check-in table, please indicate that in the 'Notes' column.**

South Doors Ushers: Welcome congregants and guests and supplement the police security

West Doors Ushers: Welcome people into the sanctuary and provide assistance as needed

Check-In Greeters: Greet congregants and guests and ensure name tags are worn/displayed

Floater: Be available to assist the other ushers at expected peak times and serve as a circulator during those busiest periods of the High Holidays

Please indicate ALL shifts for which you are interested in volunteering and return to the office by September 13, 2024. Assignments will be made by the High Holiday Usher Committee in mid-September based on the highest needs. We will notify you of assignments by late-September.

HOLIDAY & DATE	SHIFT TIME	NAME <i>(List all in time slot)</i>	NOTES
Erev Rosh Hashanah Wed., October 2	6:15 – 7:30pm		
	7:30pm – conclusion		
Rosh Hashanah, Day 1 Thurs., October 3	8:15 – 9:30am		
	9:30 – 11:00am		
	11:00am – conclusion		
Rosh Hashanah, Day 2 Fri., October 4	8:15 – 9:30am		
	9:30 – 11:00am		
	11:00am – conclusion		
Kol Nidre Fri., October 11	6:00 – 7:30pm		
	7:30pm – conclusion		
Yom Kippur Sat., October 12	8:15 – 9:30am		
	9:30 – 11:00am		
	11:00am – 12:15pm		
	12:15pm – break		
	4:45 – 6:00pm		
	6:00pm – conclusion		

Name: _____

VOLUNTEER | Children’s High Holy Days Experience Team

Thank you for supporting the youngest members of our congregation with your time and being part of the High Holiday Children’s Programming Team.

Ages 1-5: Read stories, play age-appropriate games, etc.

Grades K-7: Lead a learning, play age-appropriate games, etc.

Snack Helpers: Prepare/serve snacks (all food and instructions provided) for kids’ snack break

Check-In Table: Greet congregants and guests with children and ensure name tags are worn/displayed

Please indicate ALL shifts for which you are interested in volunteering and return to the office by September 13, 2024. We will be in touch with by late September with assignments and if you selected ‘Ages 1-5’ or ‘Grades K-7,’ to learn about what you are interested in doing.

HOLIDAY & DATE	SHIFT TIME	NAME	Ages 1-5	Grades K-7	Snack Help	Check-In Table
Rosh Hashanah 1 Thurs., October 3	Before 11:00am					
	After 11:00am					
Rosh Hashanah 2 Fri., October 4	Before 11:00am					
	After 11:00am					
Kol Nidre Fri., October 11	6:30 – 8:00pm			/	/	/
Yom Kippur Sat., October 12	Before 11:00am					
	After 11:00am					

Name: _____

VOLUNTEER | Corners of Our Fields Food Sorting Team

I/We Would Like To:	
Sort food and donations on November 3 (10:00 – 11:30am)	
Deliver donations during the week of November 4	
Be available to pick up donations from congregants who are not able to drop them off	

HOST NEW OR NON- MEMBERS FOR A SHABBAT/HOLIDAY MEAL

I/We Would Like To Host: *Please check all that apply*

- Shabbat Dinner (Friday night)
- Shabbat Lunch (Saturday following services)
- Sukkot Meal (Multiple opportunities)
- Any Meal

Best Contact for Those You Will Be Hosting: _____

Dietary Restrictions Observed in My/Our Home: *Please check all that apply*

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Pescatarian | <input type="checkbox"/> Vegetarian/Vegan |
| <input type="checkbox"/> Nut Free | <input type="checkbox"/> Kosher | <input type="checkbox"/> Kosher-style |
| <input type="checkbox"/> None of These | <input type="checkbox"/> Other: _____ | |

Name: _____

NON-MEMBER & GUEST REGISTRATION

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: *Phone* *Email*

Names of Family Members Attending: *(circle 'Adult' or 'Child')*

_____	<i>Adult</i>	<i>Child</i>
_____	<i>Adult</i>	<i>Child</i>
_____	<i>Adult</i>	<i>Child</i>
_____	<i>Adult</i>	<i>Child</i>

I/we would be open to having an honor during services: Yes No Maybe

		Cost Per	Quantity	Total
Non-Member Adult	Regular Tickets	\$180/ea		\$
	Out of Town, College, Military Tickets	\$0/ea		\$
Adult Child(ren) of Members	Ages 26-30 and Not Married	\$0/ea		\$
	Age 30+ and/or Married	\$180/ea		\$

Please contact me about:

A Shabbat or Sukkot dinner hosted at a congregant's home Yes No

Other upcoming Shaarey Tikvah events and programs Yes No

Nametags will be available for pick up at the check-in table before all of the HHD services.

Name: _____

SHOFAR CAMPAIGN

Your gift to the Shofar Campaign provides crucial operating funds for Shaarey Tikvah. While the official appeal will be sent out closer to Yom Kippur, you may want to include your annual donation with these forms. You may include your pledge on the form below or return the pledge card included in the letters mailed in the coming weeks. Thank you, in advance, for your generosity!

If you would like to know what you pledged last year, please contact Debbie at 216-765-8300 x100 or debbie@shaareytikvah.org.

PAYMENT SUMMARY

	Cost Per	Quantity	Total
Book of Remembrance	<i>(Suggested \$18/name)</i>		
Childcare for Ages 1-5	<i>Refer to pricing on Page 3</i>		
Mahzor Lev Shalem*	\$40		
Non-Member/Guest Tickets	<i>Refer to pricing on Page 7</i>		
Shofar Campaign Donation			
		<i>Grand Total</i>	

*Mahzorim may be purchased/picked up before the HHD during regular business hours.

PAYMENT OPTIONS:

Amount

_____ Check Enclosed *Please make all checks out to Shaarey Tikvah*

_____ Credit Card *Can make payment at shaareytikvah.org/donate*

_____ Billed to my Shaarey Tikvah account