

HIWP MEMBER* SEATING REQUEST FORM

Please fill out complete information for each seating request. Seating can not be processed without full details. We will email your confirmation with your seating assignments or mail if no email is provided. ***Please note: Non member requests are on a separate form**

NAMES OF MEMBER(S):

ADULT MALE #1
Name _____

Address _____

Phone/Email _____

ADULT FEMALE # 1
Name _____

Address _____

Phone/Email _____

- * ARE YOU CLAIMING YOUR SEATS THIS YEAR? YES___ NO___
- * ARE YOU AN ASSOCIATE MEMBER PURCHASING SEATS? YES___ NO___
- * AWAY IN AUGUST? PLEASE SUPPLY PHONE NUMBER OR EMAIL WHERE YOU CAN BE REACHED FOR QUESTIONS: _____

NEED MORE THAN TWO SEATS AS LISTED ABOVE FOR YOUR CHILDREN WHO ARE MEMBERS UNDER YOUR ACCOUNT? PLEASE INDICATE OTHER NAMES BELOW.
FOR ADULT CHILDREN AND GUESTS WHO ARE NOT MEMBERS, PLEASE USE NON-MEMBER FORM.

COST: ADULT CHILD \$210
COLLEGE STUDENT \$155
CHILD (under 18) \$80

NOTE: IF YOU ONLY NEED SEAT FOR ROSH HASHANA OR YOM KIPPUR,
PLEASE PUT [R] or [Y] BEFORE THE NAME.

MALE (ADULT CHILD)
1 _____
2 _____

FEMALE (ADULT CHILD)
1 _____
2 _____

MALE (COLLEGE STUDENT)
1 _____
2 _____

FEMALE (COLLEGE STUDENT)
1 _____
2 _____

MALE (CHILD under 18)
1 _____
2 _____

FEMALE (CHILD under 18)
1 _____
2 _____

Total Number _____ MALE ADULT #1
Total Number _____ MALE ADULT CHILD
Total Number _____ MALE STUDENT
Total Number _____ MALE CHILD

Total Number _____ FEMALE ADULT #1
Total Number _____ FEMALE ADULT CHILD
Total Number _____ FEMALE STUDENT
Total Number _____ FEMALE CHILD

Payment: Credit Card: Visa Mastercard Amex # _____ Exp ___ / ___
 Bill my account Check Cash