

HIGH HOLY DAY DOMESTIC COURTESY SEATING REQUEST
FOR RECIPROCITY BETWEEN NORTH AMERICAN CONGREGATIONS

Attending High Holy Day Services Away from Home

Date of Request: _____

The following member(s): _____
NAME(S)

Address _____

City _____ *State/Province* _____ *Postal Code* _____

Telephone (Cell) _____ *(Home)* _____ *(Office)* _____

Email _____

Who are in good standing at: _____
CONGREGATION NAME

Address _____

City _____ *State/Province* _____ *Postal Code* _____

Telephone _____ *Fax* _____

Email _____

Congregational Staff or Officer _____ *Title* _____

Request seating at your congregation: _____
DESTINATION CONGREGATION'S NAME

Address _____

City _____ *State/Province* _____ *Zip Code* _____

During: _____ Rosh HaShanah _____ Yom Kippur

**This form is to be completed by the visiting congregation and submitted directly to the destination congregation. Any additional information, including verification of an individual's good standing and confirmation of seating availability, is to be communicated directly between the visiting and host congregations. Please email this completed form to iris@cbiaz.org.
Thank you.**