**Temple Sinai Presents Spanish River Concerts**

**Ticket Order Form:**

Tickets for the series are purchased for the same day of the week,

Monday, Tuesday, or Thursday.

Please circle your Series Day: **Monday Tuesday Thursday**

Select the Tier/Price that you want:

|  |  |  |  |
| --- | --- | --- | --- |
| TIER | PRICE | # of SUBSCRIPTIONS | TOTAL |
| PREMIER | $299 |  |  |
| PREFERRED | $249 |  |  |
| STANDARD | $209 |  |  |
| VALUE | $149 |  |  |

Select the Special Events that you want to attend:

Kol Esperanza:

|  |  |  |  |
| --- | --- | --- | --- |
| TIER | PRICE | # of SUBSCRIPTIONS | TOTAL |
| PREMIER | $84 |  |  |
| PREFERRED | $69 |  |  |
| STANDARD | $58 |  |  |
| VALUE | $43 |  |  |

Golden Age of Singer Songwriters:

|  |  |  |  |
| --- | --- | --- | --- |
| TIER | PRICE | # of SUBSCRIPTIONS | TOTAL |
| PREMIER | $84 |  |  |
| PREFERRED | $69 |  |  |
| STANDARD | $58 |  |  |
| VALUE | $43 |  |  |

**Total enclosed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write **SRC** or **Spanish River** on the MEMO line of your check AND the envelope.

**A percentage of all ticket sales will go to the support of Temple Sinai**

 Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_\_\_\_

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp:\_\_\_/\_\_\_ Sec Code:\_\_\_\_\_\_\_\_

 Check#\_\_\_\_\_\_\_\_ **Payable to Temple Sinai** at: 2475 West Atlantic Ave, Delray Beach, FL 33445

 Total Amount Paid: $\_\_\_\_\_\_\_\_\_

 Questions? 561-276-6161 X 128

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_\_\_\_

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp:\_\_\_/\_\_\_ Sec Code:\_\_\_\_\_\_\_\_

 Check#\_\_\_\_\_\_\_\_ **Payable to Temple Sinai** at: 2475 West Atlantic Ave, Delray Beach, FL 33445

 Total Amount Paid: $\_\_\_\_\_\_\_\_\_

 Questions? 561-276-6161 X 128

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_\_\_\_

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check#\_\_\_\_\_\_\_\_ **Payable to Temple Sinai** at: 2475 West Atlantic Ave, Delray Beach, FL 33445

**Questions? 561-276-6161 X 114**

Please order as soon as possible to receive the best available seats.

**(PLEASE REVIEW SRC COVID VACCINATION REQUIREMENT ON REVERSE SIDE)**