

HEBREW INSTITUTE OF RIVERDALE - THE BAYIT

2010/5771 HIGH HOLIDAY SEATS



3700 Henry Hudson Parkway, Bronx, NY 10463
 Phone: 718-796-4730 Fax: 718-884-3206
 www.hir.org hir_nexus@yahoo.com



Payment must accompany all seat orders.

NAME: _____
 ADDRESS: _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE #: _____ WORK PHONE #: _____
 E-MAIL ADDRESS: _____ AMOUNT ENCLOSED (SEE BELOW): \$ _____

DESIRED LOCATION (PLEASE CHECK ONE)

- Main Sanctuary
 Social Hall
 Learning Service

Please indicate how many men's and women's seats you need:

MEN'S SEATS # OF SEATS

Number of adults _____

Number of children (H.S. or younger only) _____

WOMEN'S SEATS # OF SEATS

Number of adults _____

Number of children (H.S. or younger only) _____

OFFICE USE ONLY	
2009 SEATS	2010 SEATS
2009 SEATS	2010 SEATS

PLEASE CHECK: MEMBER NON-MEMBER

If you are not a member and wish to become a member at this time, please include your membership dues with this form as well.

Family Membership First Year Rate: \$800 (Regular Rate: \$1000)
 Single-Parent Family First Year Rate: \$560 (Regular Rate: \$700)
 Single Membership First Year Rate: \$400 (Regular Rate: \$500)

LOCATION	MEMBER RATE	NON-MEMBER RATE
Main Sanctuary Adults	\$350	\$550
Social Hall Adults	\$225	\$350
Main Sanctuary Children	\$250 for each of the first 2 children \$75 for each additional child	\$275
Social Hall Children	\$100 for each of the first 2 children \$50 for each additional child	\$125 for each of the first 2 children \$75 for each additional child
Learning Service	\$200	\$250
Learning Service Children	\$100	\$150

Office Use Only: Check #: _____ Date: _____ Amount: \$ _____