

Seating Cards

High Holy Days 5780 (2019)

Please complete and return to the CST office by September 9th. *(One seating card per adult 19 years & older)*

Members:

Please send _____ adult member seating card(s) and _____ guest card(s).

Guests:

I am not a member yet. My donation is enclosed; please send _____ seating card(s).
I understand that my donation may be credited toward new membership dues until November 30, 2019.

I am interested in receiving membership information.

Suggested donation to attend all services:

- Per household/family \$360
- Per individual \$180

Suggested donation to attend one service:

- Per household/family \$180
- Per individual \$90

Sustaining a Jewish community has many financial challenges and we thank you for both your good company and for your generosity in support of our efforts. If you decide to join our congregation before November 30, your High Holy Day gift will be applied toward your first year's membership pledge. Please note: At Shomrei Torah, no one is turned away for financial reasons.

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

ENCLOSED IS MY CHECK TO BE APPLIED AS FOLLOWS:

High Holy Days donation.....\$ _____

Children's Educational Program (see enclosed)..... \$ _____

Donations for guest(s).....\$ _____

Yizkor Memorial Book donation.....\$ _____

Sanctuary flowers donation.....\$ _____

Prayer Books: \$48 per set*.....\$ _____

*Please indicate: books are donation to CST books are for personal use

TOTAL REMITTANCE: \$ _____

Please return all forms and donations to the CST Office: 2600 Bennett Valley Road, Santa Rosa, CA 95404
Make checks payable to: Congregation Shomrei Torah

Yizkor Memorial Book

High Holy Days 5780 (2019)

This book includes the names of all those who have died in the past year, as well as all those whom we have lost in years past and choose to remember.

Please complete and return to the CST office by **September 9th**.

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Those who have passed away the previous year (Beginning 9/18/2018)
(These names will be read during the services and listed in the Memorial Book)

In Memory of:

Yahrzeit Date:

Remembered by/ Relationship:

Other names to be included in the *Yizkor* Memorial Book:

These names will not be read during services.

Please note that names are not automatically repeated from year to year. They must be individually listed here.

In Memory of:

Remembered by/Relationship:

(Members) Please add the above names to my permanent *Yahrzeit* office database. (Please specify date of passing.)

It is a longstanding tradition to make a contribution in honor of the memory of a family member or close friend so that their memory may endure.

I've made a contribution on my Seating Card form.

Please use the back of this page for more space. Questions? Call Office (707)578-5519

Children's Educational Program (Grades K-5)

High Holy Days 5780 (2019)

While you worship during the High Holy Days, your children/grandchildren can have a fun and meaningful Holy Day experience at Shomrei Torah with their peers. This year's educational program will include a birthday party for the world! There will be games, arts & crafts, charades, songs, stories, snacks and birthday cake!

To ensure the safety of children and to minimize distractions during services, all children must be registered in our program or join their parents in services. **Children may not be left unattended during services.**

Register by September 9th to ensure your child's spot. Children will only be accepted on the day of the program if space is available. Check in with your children in classroom Aleph/Bet between 10:00 and 10:30am.

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2nd Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Child's name: _____

Date of Birth: _____ Entering _____ Grade in Fall _____

Child's name: _____

Date of Birth: _____ Entering _____ Grade in Fall _____

* Continue on backside if necessary

If you have any questions, please call the office at (707)578-5519 or email Denise at denise@cstr.org

Early Registration Fees (by September 9th)
Registration after September 9th (if space available only) add \$10 to all fees

<i>Rosh Hashanah: Monday, Sept. 30</i>	<i>Yom Kippur: Wednesday, Oct. 9</i>
10:00am – end of services, grades K-5	10:00am – end of services, grades K-5
<input type="radio"/> \$35: 1 child	<input type="radio"/> \$35: 1 child
<input type="radio"/> \$60: 2 children	<input type="radio"/> \$60: 2 children
<input type="radio"/> \$90: 3 or more children	<input type="radio"/> \$90: 3 or more children

Total Fees for Children's Educational Program: \$ _____ (enter this amount on Seating Cards page)
Please return this completed form with your seating card information to the temple office.

Chavurah Questionnaire

Chavurah is the Hebrew word for “fellowship”. The concept of *Chavurah* has ancient roots; the Talmud describes it as a group of people who gather together to celebrate holidays, study, socialize, dine and engage in other activities of interest. Let the *Chavurah* Committee know what you like to do and what kind of people you like to be with. We’ll use the information to connect you to others with similar interests.

Tell us about you and your family:

Adult: Name (s) _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Your age group: 20’s ___ 30’s ___ 40’s ___ 50’s ___ 60’s ___ 70’s + _____

How long have you been a CST member? _____

Tell us about the kind of people you like to be with. Check as many as you like:

<input type="checkbox"/> Same age group as adults	<input type="checkbox"/> Mixed ages	<input type="checkbox"/> Families with children
<input type="checkbox"/> Single parent	<input type="checkbox"/> Singles	<input type="checkbox"/> Mixed single/married
<input type="checkbox"/> Interfaith families	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> No children, please
<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____	

Please check the topics that interest you and your family:

<input type="checkbox"/> Jewish Holidays and Events	<input type="checkbox"/> Outdoor activities
<input type="checkbox"/> Social Activities	<input type="checkbox"/> Political/Social action
<input type="checkbox"/> Other _____	

Please tell us if:

You would like to help organize a new *Chavurah* or host a first meeting.

You have any special needs:

You have a friend(s) at CST whom you would like to include.

Name(s) _____

Have they applied separately? Yes _____ No _____

Would you like us to contact them? Yes _____ No _____

May we use your name? Yes _____ No _____

Please add anything else you think may help in placing you in a *Chavurah*:

Please return this completed form to the CST office.