



NON-MEMBER HIGH HOLY DAY FORM

Includes admittance to all HH Services

Mail this form and check to arrive no later than

September 1, 2022

To: Virginia Smilack

13 Edor Lane Succasunna, NJ 07876

Checks should be payable to "Congregation Or Ha Lev"

ALL Services for 2022 will be held via zoom.

Name _____ **Name** _____

Name _____ **Name** _____

Address: Street _____

City _____ **State** _____ **Zip code** _____

Phone Number: Home _____ **Cell** _____

EMAIL: _____

Children aged 21 and under are free.

Number of ADULT guests attending at \$150 each: ___ x \$150 = \$ _____ **TOTAL**

Number of children attending: _____

How did you hear about us? _____

**When your check is received, the Zoom room information
will be emailed to you.**

**If you have any questions, please contact Rabbi Deb Smith at 908-303-8374
or email: hineni77@gmail.com**