

**To: The Administrator, Wimbledon and District Synagogue
1 Queensmere Road, Off Wimbledon Parkside, London SW19 5QD**

I wish to order _____ entry tickets for the **High Holy Day Services 5783/2022**.

I enclose £_____ (minimum £75 per ticket per adult and £30 per child aged 13 – 20 yrs inclusive) **Please contact the office if any concessions are required.**

Please pay CAF Bank PLC sorting code 405240 account number 00023035 or send a cheque made payable to Wimbledon & District Synagogue

Please print the name/s to go on the ticket/s

NAME: 1. _____
2. _____
3. _____

Name & address of person to whom tickets to be sent:

Signature _____ Print Name _____

Tel: _____ Email: _____

Please advise us if you know a member of our community and/or are a member of another synagogue: -
