HIGH HOLY DAYS TICKET REQUEST FORM 2025

Please return NO LATER THAN September 8, 2025

2300 Sierra Boulevard ☐ Sacramento, CA 95825 ☐ 916- 488-1122

		/4000/ 6	
dues paid	EMBERS: All full members current in their fiscal responsibil d by September 1 st) will receive tickets for all adult members nger than 25.	•	•
ASSOCI	ATE MEMBERS: Tickets are not included with Associate M	lembership. Ticket	s are \$250 each.
NON-MEMBERS: Tickets are \$250 per ticket and are required for all those 8 years of age and older.			
SPECIA	L SEATING NEEDS: I/We have special needs and conside	ration in seating as	s follows:
	Please contact Coral Wilson if you or a family member king space. Coral can be reached via email (cwilson@m	-	• •
	NAME OF THOSE ATTENDING (Please Print Clearly)	AGE	# OF TICKETS
1			
2			
3			
4			
5			
6			
	TOTAL NUMBER OF TIC		
	TO	TAL AMOUNT DUE	
may hav provided	wn family members and guests that are members in good e a Letter of Reciprocity sent to Mosaic Law to receive to full-time college students only if their permanent mailir or visiting adult children, out-of-town family members and g	tickets at no cost. ng address is that	Tickets will be of their parents.
Name:		Phone #	
Address:	ty / State / Zip)		
(Olicel/ Oi	ty / State / Zip)		
Email add	dress:		
TOTAL A	MOUNT to be paid \$		
☐ Check	Enclosed Zelle		
	Card (subject to 3% processing fee) (VISA, MasterCard or AN	ΛΕΧ)	
Credit Card # Expiration Date3 or 4-digit Security Code			rity Code
SIGNATU	JRE		