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| **Name**  |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

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| **Names of people receiving tickets** |  |

| Questions |
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| Are you new to the community? |  |
| How long have you lived at your current location? |  |
| Are you a current member of a synagogue?  |  |
| Have you ever been a member of a Synagogue in the Greater RI area? |  |
| If yes, where and for how long? |  |
| Are you interested in Reform, Conservative or Orthodox? |  |
| What Synagogue are you interested in participating in? |  |
| What Synagogue are you interested in participating in? |  |
| What Synagogue are you interested in participating in? |  |

| Days of Interest Which Synagogue |
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| Erev Rosh Hashanah |  |
| Rosh Hashanah Day 1 |  |
| Rosh Hashanah Day 2 |  |
| Erev Yom Kippur |  |
| Yom Kippur |  |

|  Date Comments/Questions/Follow up |
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