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

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

| Questions | |
| --- | --- |
| 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 | |
| --- | --- |
| 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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