



2010 • High Holy Days • 5771

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Janey Sweet
Vice President, Membership

Steven Weinberg
Vice President,
Malibu Film Society

July, 2010

Malibu Jewish Center and Synagogue wishes to share the High Holy Day Services with you. In anticipation of the High Holy Days Season, the following is the important necessary information that you will need.

Please complete the High Holy Day Ticket request form and return it to the Synagogue office, no later than August 13, 2010. **High Holy Day tickets will be mailed to you.**

In order to receive tickets, members must:

1. Be current in their dues through September 2010
2. Have completed and returned signed dues registration forms, updated membership information and completed the High Holy Day ticket request form.

Attendance at High Holy Day Services by members of your immediate household is included in your MJC&S annual membership dues. Tickets will be issued only to members and their unmarried children between the ages of 11 and 24 at no extra cost.

Tickets are available for extended family (of members) at \$150.00 per seat. This is for family members who do not live in your immediate household. (Parents, Siblings, Grandparents)

Tickets for non-members will be available this year for \$300.00 each. If you join MJC&S within 30 days after Yom Kippur the amount you paid for tickets will be credited towards membership.

Special Youth Programming is available for children ranging in age from 2 years old through 5th grade. Students 6th grade and older must sit with their families in services. Youth Programming will be available for Rosh Hashanah morning Thursday, September 9th and Yom Kippur morning, Saturday, September 18th. Only children who have been pre-registered by the above deadlines will be admitted to the youth program.

Youth Program Members: \$36.00 per day / per child

Youth Program Non-Members: \$60.00 per day / per child

Book of Remembrance will be distributed at the Yizkor Service on Yom Kippur. To remember a loved one in the Book of Remembrance, please see enclosed form.

Seating is on a first come, first served basis. There is no reserved seating. Seating for the physically challenged will be available.

We extend to you and all of your loved ones our best wishes for a meaningful High Holy Day Season.

L'Shana Tova,

Ellen Wolf
President

24855 Pacific Coast Highway
Malibu, CA 90265
Phone 310-456-2178
Fax 310-456-657
www.mjcs.org



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Schedule of Services

In order to facilitate the smooth functioning of our increased security systems, **remember to have your tickets and a photo ID available.**

– Thank you for your cooperation

SERVICE	DATE	TIME
<u><i>S'lichot Service</i></u>	Saturday, September 4	9:00 pm at MJC&S
<u><i>Erev Rosh Hashanah</i></u>	Wednesday, September 8	7:30 pm
<u><i>1st Day Rosh Hashanah</i></u>	Thursday, September 9	9:30 am - 1:30 pm
Youth Program		9:30 am - 1:30 pm
Tashlich Service		3:30 pm at Westward Beach
<u><i>2nd Day Rosh Hashanah</i></u>	Friday, September 10	10:00 am - 1:30 pm
	No child care No shuttle	
<u><i>Kol Nidre</i></u>	Friday, September 17	7:00 pm - 9:30 pm
	No child care	
<u><i>Yom Kippur</i></u>	Saturday, September 18	
Morning Service		9:30 am - 1:30 pm
Youth Program		9:30 am - 1:30 pm
Break		1:30 pm - 4:00 pm
Community Discussion Group		4:00 pm - 5:00 pm
Yizkor Service		5:00 pm - 5:30 pm
Neilah		5:30 pm - 7:15 pm

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Book of Remembrance

According to Jewish tradition, there are three obligations (mitzvot) to fulfill your loved one's Yahrzeit. They are to attend synagogue services to recite the Kaddish prayer, to light a 24 hour Yahrzeit Candle, and to make a contribution to tzedakah.

Malibu Jewish Center and Synagogue is again publishing a Yahrzeit Remembrance Book to perpetuate the loving memory of ones who have passed on.

- \$600.00 – Back Cover**
- \$500.00 – Inside Back Cover**
- \$500.00 – Inside Front Cover**
- \$300.00 – Full Page Memorial**
- \$200.00 – Half Page Memorial**

Kindly write the message you would like inscribed in this book:

\$36.00 – For Each Name Only Listing

_____ remembered by _____

(i.e. Henry Schwartz remembered by the Schwartz family)

\$ _____ – Total Tzedakah Contribution

- Make checks payable to Malibu Jewish Center and Synagogue
- Charge my credit card Visa Master Card *(Visa or Master Card Only)*

Account Number: _____ Expiration Date: _____

Name on Card: _____ 3 Digit Code: _____ / _____ / _____

Signature: _____

Please return this form no later than August 13, 2010

Malibu Jewish Center and Synagogue
24855 Pacific Coast Highway
Malibu, CA. 90265
310-456-2178

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Member Ticket Request Form

Please complete this form and return it to the Synagogue office before August 13, 2010.

Tickets will be issued only to members and their unmarried children between the ages of 11 and 24.
Tickets are not needed for children under the age of 11. Tickets are available for sale to member's extended families (parents, siblings, grandparents) for \$150.00 each.

MEMBERS

Last Name	First Name

CHILDREN *Between the ages of 11 and 24 who will be attending Main Services*

Last Name	First Name	Age

MEMBERS EXTENDED FAMILY, _____ guests at \$150.00 per ticket* **All tickets must be prepaid.**

Last Name	First Name	Address	City, State	Zip Code	Phone #	Relationship

* All extended family tickets will be mailed to the member's address unless otherwise indicated.

I am requesting _____ Member Tickets and _____ Extended Family Tickets @ \$150.00 each

Enclosed is my check in the amount of \$_____ payable to Malibu Jewish Center and Synagogue.

Charge my credit card Visa Master Card (*Visa or Master Card Only*)

Account Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Office Use:

\$ _____ Received _____ Check No. Charged _____ Date
 OK to send Tickets _____ Date Ticket Sent Ticket at Will Call

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Non-Member Ticket Request Form

Please complete this form and return it to the Synagogue office before August 13, 2010.

Tickets are not needed for children under the age of 11.

Tickets for non-members are \$300.00 each.

Last Name	First Name	Address	City, State	Zip Code	Phone #

All Tickets must be pre-paid

I am requesting _____ Tickets @ \$300.00 Each

Enclosed is my check in the amount of \$ _____ payable to Malibu Jewish Center and Synagogue.

Charge my credit card Visa Master Card *Visa or Master Card Only*

Account Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

*If you join MJC&S within 30 days after Yom Kippur the amount you paid for tickets will be credited towards membership

Office Use:

\$ _____ = Total _____ Tickets @ \$300.00 each

\$ _____ Received _____ Check No. Charged _____ Date

OK to send Tickets _____ Date Ticket Sent Ticket at Will Call

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Youth Programming Reservation Form

Special youth programming is available for children ranging in age from 2-years old through 5th grade. Students 6th grade and higher must sit with their families in adult services.

Youth Programs are available for Rosh Hashanah morning, Thursday, September 9th.
and Yom Kippur morning, Saturday, September 18th.

Only children who have been Pre-Registered will be accepted into the youth program.

Synagogue Members – \$36.00 per day / per child
Non Member – \$60.00 per day / per child

Parent's Full Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

	Child's Full Name	Age	Grade	Rosh Hashanah	Yom Kippur	Member	Non Member
1.							
2.							
3.							
4.							
5.							
6.							

_____ – **Total Number of Children attending Youth Programming**

Per day/per child _____ x \$36.00 (Member Price) = \$ _____

Per day/per child _____ x \$60.00 (Non Member Price) = \$ _____

\$ _____ – **Total Due for Youth Program**

- Make checks payable to Malibu Jewish Center and Synagogue
 Charge my credit card Visa Master Card (*Visa or Master Card Only*)

Account Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____