



2011 - 5772
ASL High Holy Days Services
hosted by
Washington Society of Jewish Deaf
www.wsj deaf.org

at
Adat Shalom Reconstructionist Synagogue
7727 Persimmon Tree Lane
Bethesda, MD 20817

Rosh Hashanah services will be led by
Rabbi Ellen Roth, a deaf rabbi from the Chicago area.
Yom Kippur service will be co-led by deaf spiritual leaders,
Ephrat Dvir and Hillel Goldberg.

Service	Date	Time
Erev (Evening) Rosh Hashanah	Wednesday, September 28 th	7:30 p.m. – 9:00 p.m.
Rosh Hashanah	Thursday, September 29 th	10:30 a.m. – 12:00 noon
Discussion session - “What does being “Jewish” mean to you as a deaf person?”	Thursday September 29 th	1:00 p.m. – 2:30 p.m.
Yom Kippur	Saturday, October 8 th	5:30 p.m.- 7:00 p.m.

Costs: Individual: \$ 25.00 Family: \$ 50.00 College Student: \$ 15.00
Includes all 3 High Holy Days services, food and discussion.

Registration Options:

Register and pay online at www.wsj deaf.org **no later than September 19.**

OR

Register by mail. Fill out the attached form and include a check made payable to Washington Society of Jewish Deaf **no later than September 19.** Send to:

WSJD
Jeffrey Buxbaum, Treasurer
5317 Stonington Dr
Fairfax, VA 22032

Questions? Contact Susan F. Cohen by email: cohensus@gmail.com.



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ASL High Holy Day Services
Registration

Name: _____

Address: _____

Email Address: _____

Phone #: _____ VP Voice TTY (circle one)

I. Ticket Information: Tickets cannot be purchased at the door.

Adult 1: _____ Individual Family (circle one)
First and Last Name

Adult 2: _____ Individual Family (circle one)
First and Last Name

a. Please list children and their ages. Names and ages must be entered to process tickets.

b. Child Care: If child care is needed, please check the appropriate boxes. Child care* will be provided for children 5 years of age or younger. Child care provided will be free.

Name of Child	Age	Rosh Hashanah September 29th	Yom Kippur October 8th

*No child care will be provided during Erev Rosh Hashanah and discussion session.

III. Check the services you and/or your family plan to attend and the number of seats needed.

✓	Service	Date	Time	Number of seats
	Erev Rosh Hashanah*	Wednesday, September 28 th	7:30 p.m. – 9:00 p.m.	
	Rosh Hashanah	Thursday, September 29 th	10:30 a.m. – 12:00 noon	
	Light Lunch (Dairy/vegetarian)	Thursday, September 29 th	12:00 p.m. – 1:00 p.m.	
	Discussion session*	Thursday, September 29 th	1:00 p.m. – 2:30 p.m.	
	Yom Kippur (Dairy/vegetarian)	Saturday, October 8 th	5:30 p.m. – 7:00 p.m.	
	Break Fast	Saturday, October 8 th	7:15 p.m. – 8:15 p.m.	

*No child care will be provided during Erev Rosh Hashanah and discussion session.

IV. Accessibility Services: A voice interpreter will be provided except for the discussion session. For other special needs, please check as appropriate and give the name of the people who will need the assistance.

a. _____ I need a close vision interpreter.

b. _____ I need a tactile interpreter.

Person's Name: _____

Person's Name: _____

c. _____ I need large print materials.

d. _____ I need Braille materials.

Person's Name: _____

Person's Name: _____

V. Questions? Contact Susan F. Cohen by email cohensus@gmail.com or call via videophone by appointment.

Thank you for completing the registration form. **Please include a check when you mail in the registration form..**

WSJD Yizkor (Remembrance) Program Booklet

WSJD will provide a Remembrance booklet for use at Yizkor service on Yom Kippur. This Remembrance booklet will include names of our deceased loved ones as a tribute to them. If you wish to list names of your loved ones in this booklet, please fill out this form. The booklet will only list names of persons remembered and donors, not dollar amount.

To make a contribution, you have two options:

- Go to the WSJD website (www.wsjideaf.org) to fill out this form and donate online **by September 19**.
- Write a check, payable to Washington Society of Jewish Deaf, and mail the Yizkor form along with registration packet to:

WSJD
Jeff Buxbaum, Treasurer
5317 Stonington Dr,
Fairfax, VA 22032

Your Name _____

Address _____

a. Suggested contribution (check one): _____\$18 _____\$36 _____\$54 **OR**

b. I would like to contribute \$_____ (designate your own amount)

This donation is in memory of:

_____ by _____
Name of person remembered (Donor)

_____ by _____
Name of person remembered (Donor)

_____ by _____
Name of person remembered (Donor)

*WSJD is a 501 C3 tax-exempt non-profit organization and all contributions are tax deductible to the extent allowed by law. No goods or services will be provided in exchange for your generous financial donation.