



GROUP TOUR RESERVATION FORM

Completed forms should be returned by mail or fax:
Temple Emanu-El, One East 65th Street, New York, NY 10065
FAX: (212) 570-0826
Attn: Mark Heutlinger, Temple Administrator

Questions? (212) 744-1400, ext. 313

Date: _____ From: _____

THE FOLLOWING INFORMATION IS SUBMITTED IN REQUEST OF A TOUR OF TEMPLE EMANU-EL:

DAY and DATE: _____

ARRIVAL TIME: _____ MUST DEPART BY: _____

ALTERNATE DAY/DATE/TIME: _____

GROUP NAME/AFFILIATION: _____

NUMBER OF INDIVIDUALS IN GROUP: _____

TYPE OF INDIVIDUALS (Circle all that apply):

CHILDREN CONFIRMATION CLASS ADULTS SENIORS PHYSICALLY CHALLENGED

WE WOULD LIKE TO TOUR THE FOLLOWING (Circle one): TEMPLE MUSEUM BOTH

WE WOULD LIKE TO ATTEND SABBATH SERVICES:

_____ FRIDAY EVENING (Begins 6 PM) _____ SATURDAY MORNING (Begins 10:30 AM)

SPECIAL NEEDS/REQUESTS: _____

PLEASE SEND OUR TOUR CONFIRMATION TO THE FOLLOWING:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

* EMERGENCY TELEPHONE NUMBER IN NEW YORK: _____

**This information is required in case of last-minute scheduling changes on the part of Temple Emanu-El (i.e., funerals).*