

Mailing Address:
237 Thelin Ct
Wilmette IL 60091

THE NORTH SHORE JEWISH CENTER
CONGREGATION OR SIMCHA
ק"ק אור שמחה

"... a shul where everyone feels welcome..."

Phone: 847-840-8633 Website: www.orsimcha.com Email: info@OrSimcha.com

Dear Shul Attendee,

We are proud to announce that once again services for the High Holidays will take place at the Wilmette Community Recreation Center. However, to accommodate the expected larger crowd, services will be held on the first floor, **right of the front entrance of 3000 Glenview Rd, Wilmette (west of Skokie Blvd) in the Sanctuary Hall Room #106.**

We are very encouraged by the positive response we have received up until now and we look forward to welcoming everyone- regardless of previous affiliations. Our services will be easy to follow and filled with melodious singing and explanations. Bring your families and friends.


There are no yearly membership dues and no one will be refused attendance, We do however expect those who can afford to pay a family membership, to pledge at least what they would be paying if attending another Synagogue. We are requesting from Shul attendees the minimum of \$200 per adult and \$50 per child to help cover High Holiday expenses incurred by Recreation Center, chazzanim, kiddushim etc

Attached please fill out the Application Form for The High Holidays and The Information Form in order to better facilitate those planning on coming.

We are offering Nusach Ashkenaz Artscroll machzorim at cost price for both Rosh Hashana and Yom Kippur for only \$60.

Likewise, there will be a Break Fast after Yom Kippur. If you would like to be a co-sponsor for \$36, please indicate on the Application Form.

As a public service to the community, we are taking orders for lulav and etrog, and schach for your Sukkah.



Schedule of Services:

Rosh Hashana Eve.	Sun. Eve., Sept 9th: 7:00 PM
Rosh Hashana, First day	Mon. Morn. Sept 10th: 9:00 AM
	Kiddush following services
	Mincha/Maariv Services: 6:50 PM
Rosh Hashana, Second day	Tue. Morn. Sept 11th: 9:00 AM
	Kiddush following services
Kol Nidrei-Yom Kippur Eve.	Tues. Eve., Sept 18th: 6:00 PM
Yom Kippur Day	Wed. Sept 19th: 9:00 AM
	Yizkor Service 12:00 NOON
	Mincha/N'eila Services: 5:00 PM
	Fast ends: 7:34 PM

Break Fast following Yom Kippur Neila services.

Wishing you and your family a happy and healthy sweet New Year

The Board

Rabbi Moishe Raitman Howard Tushman – Gabbai Mimi Abrams Esther Raitman

For more information call: 847-840-8633

Services to be held at Wilmette Community Recreation Center,

3000 Glenview Rd, (west of Skokie Blvd)

Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____ - _____

Email: _____

No. of adults planning to attend services _____ Number of children _____

SPECIAL CHILDREN'S SERVICE FOR AGES 5-12 WILL BE CONDUCTED BY OUR PROFESSIONAL STAFF

I wish to reserve for _____ child(ren) for the children's service

Names (Note adult or child)

- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day
- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day
- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day
- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day
- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day
- _____ Adult Child Rosh Hash. Eve 1st day 2nd day Y. Kippur Eve Day

I wish to order Qty: _____ sets of **machzorim** (\$60) for Rosh Hashana and Yom Kippur

I wish to order **lulav and etrog** Qty: _____ (\$80 per set) **Schach** Qty: _____ (\$20 per bundle)

I wish to be a co-sponsor: (\$36) for Post Yom Kippur Break Fast

I wish to make a **Yizkor pledge** in the amount of: \$1800(100x18), \$900(50x18), \$648(36x18), \$324(18x18)
 \$180(10x18), \$90(5x18), \$54(3x18), \$36(2x18), \$18, other _____

I wish to donate a plaque on the **Memorial Board** \$500.

High Holiday fee: \$200.00 per adult \$50.00 per child or student

All reservations must be in the office by Sept. 1st, 2018 to guarantee reserved seats.

Please mail information/application sheets and checks to: Or Simcha, 237 Thelin Ct, Wilmette IL 60091

The North Shore Jewish Center
Congregation Or Simcha
 237 Thelin Ct * Wilmette, IL 60091* Phone (847)840-8633

INFORMATION SHEET — (OPTIONAL)
IMPORTANT: PLEASE INDICATE AT EACH DATE - DAY OR NIGHT

First Name: _____ **Hebrew Name:** _____
Last Name: _____ **Birthdate:** _____ D N
Spouse Name: _____ **Hebrew Name:** _____
Birthdate: _____ D N **Anniversary:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **E-Mail :** _____
Home Phone: (____) _____ - _____ **Work Phone:** (____) _____ - _____ **Cell:** (____) _____ - _____

ALIYA INFORMATION

Parents' Hebrew Name (Father): _____ (Mother): _____
 Spouse's Parent's Hebrew Name (Father): _____ (Mother): _____
 Kohain: _____ Levite: _____ Israelite: _____
 Bar Mitzvah Portion: _____
 Are you able to read Haftorah: Y N
 Special requests: _____

CHILDREN

Name (English)	Hebrew		Birthdate	Grade
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> D <input type="checkbox"/> N _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> D <input type="checkbox"/> N _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> D <input type="checkbox"/> N _____

YAHRTZEITS

Name (English)	Hebrew	Relationship	Date of Death
_____	_____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> N
_____	_____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> N
_____	_____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> N
_____	_____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> N

Please write on back of sheet list of individuals needing a Mi She'beirach for Choilim on a continuous basis.
Hebrew name and mother's Hebrew name required.

Application for Or Simcha High-Holiday Services

Sept 9, 2018 – October 2, 2018