

24th Annual Rosh Hashanah Observance

Sponsored by the

Pacific Community of Cultural Jews

Please join us for a secular observance of the
Jewish New Year on

Saturday, September 28, 2019

**Bluffs Fiesta Room
2414 Vista del Oro
Newport Beach**

10:30 a.m. - 1:00 p.m.

(Bagels, Lox, and Fruit to follow observance)

**Program includes the blowing of the Shofar,
the Pacific Community Choir, an emotional candle
lighting, and a meaningful celebration.**

**For further information, please call
Pacific Community at 714-739-1366
or email at PacifComm@aol.com**

34th Annual Yom Kippur Observance

sponsored by the

Pacific Community of Cultural Jews



Wednesday, October 9, 2019

Village Park Clubhouse

4552 Michelson Dr.

Irvine

1:00 P.M. - 5:00 P.M.

Our Program Consists of the Following:

☆ **A Secular Kol Nidre**

☆ **Discussion - TBD**

☆ **A Secular Niskor (Let Us Remember)**

☆ **No Host Dinner at the
Oriental Seafood Noodle House**

14370 Culver

Irvine

949-548-8388

(Pre-Paid Reservations Required - See information sheet for details)

**For more information, please call
Pacific Community at 714-739-1366
or email at PacifComm@aol.com**

Pacific Community of Cultural Jews

High Holiday Observance

Rosh Hashanah - September 28, 2019 - 10:30 a.m. - 1:00 p.m.

Yom Kippur - October 9, 2019- 1:00 p.m. - 5:00 p.m.

Price Information

Rosh Hashanah & Yom Kippur

Members Included in 2018/2019 membership Dues
(13 & up)

Members Included in 2019/2020 membership Dues
(2 - 12 yrs.)

	Rosh Hashanah	Yom Kippur	Rosh Hashanah & Yom Kippur Package
Non-Members (13 yrs. & up)	\$ 60.00	\$60.00	\$100.00
Non-Members (2-12 yrs.)	\$ 45.00	\$45.00	\$70.00

Once again, there will be no food served at Yom Kippur, so for those interested in participating in a “Break the Fast” Dinner, Pacific Community is organizing a No-Host dinner at the check).

Reservations must be made on the registration form for the High Holidays.

The filled out registration form (attached), accompanied by TOTAL FEES DUE, should be sent to:

Karen Knecht
7238 El Viento Way
Buena Park, CA 90620

All registration checks should be made out to: Pacific Community
All “Break the Fast” checks should be payable to Karen Knecht

For further information, please call: Pacific Community at 714-739-1366
or email at Pacifcomm@aol.com

No Refunds Will Be Made after
Sept. 21st for Rosh Hashanah or Oct. 2nd for Yom Kippur.

Rosh Hashanah / Yom Kippur Registration Form

Sponsored by the Pacific Community of Cultural Jews

September 28, 2019

October 9, 2019

Family Name _____

Address _____

City _____ **Zip Code** _____

Telephone (____) _____

First Name(s)	Age (if under 13)	Member **	Non- Member	Rosh Hashanah 09/28/19	Yom Kippur 10/9/19	Total Fee
						\$
						\$
						\$
Memorial Donation (optional)						\$
Total amount						\$

**** If you sent in your 19/20 dues, your admission to Rosh Hashanah and Yom Kippur is already paid. If you include your dues check with this registration, no further fees for your admission to Rosh Hashanah and Yom Kippur are required. Please indicate which observance you will be attending.**

“Break the Fast” Dinner - Please select one and list how many attendees.

_____ **** Yes, I/We am/are planning to attend the “Break the Fast” Dinner at Yen Ching Restaurant. I understand that it is a No-Host Dinner.**

_____ **No, I/We am/are not planning to attend the “Break the Fast” Dinner at Yen Ching Restaurant**

Please complete the above registration form, and send it along with your membership form and a check for registration, payable to Pacific Community for the full amount to:

**Karen Knecht
7238 El Viento Way
Buena Park, CA 90620**

****Please send a separate check for Break The Fast for 25.00 per person, payable to Karen Knecht no later than Oct. 1st. No Exceptions!**

YOM KIPPUR MEMORIAL CARD

Yom Kippur traditionally is the day in the Jewish Calendar to honor and remember those who are no longer with us. Therefore, we invite you to submit the name(s) of people meaningful to you, who have passed away. Their names will be included in the memorial segment of the Niskor Program.

Donation \$ _____

All Memorial Card Donations will be used to support our Memorial/Donation fund.

Please print clearly.

Your name _____

Name(s) of the Deceased (Please Print)

Relationship to you (Please Print)

