

**Mailing Address:**  
2841 Birchwood Ct  
Wilmette IL 60091

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

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

**Phone: 847-410-2066 Website: [www.orsimcha.com](http://www.orsimcha.com) Email: [info@OrSimcha.com](mailto: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 encourage 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 \$125 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 \$52.

Likewise, there will be a Kiddush luncheon after services both days of Rosh Hashana and 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:**

<b>Rosh Hashana Eve.</b>	Wed. Eve., Sept. 28th: 6:30 PM
<b>Rosh Hashana, First day</b>	Thurs. Morn. Sept. 29th: 9:00 AM
	<b>Kiddush following services</b>
	Mincha/Maariv Services: 6:30 PM
<b>Rosh Hashana, Second day</b>	Fri. Morn. Sept. 30th: 9:00 AM
	<b>Kiddush following services</b>
<b>Kol Nidrei-Yom Kippur Eve.</b>	Fri. Eve., Oct. 7th: 6:15 PM
<b>Yom Kippur Day</b>	Sat. Sept. 8th: 9:00 AM
	Yizkor Service 12:00 NOON
	Mincha/N'eila Services: 4:30 PM
	Fast ends: 7:03 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   Alisa Waldman - President   Joel Scher – Gabbai   Mimi Abrams**  
**Yecheil Berkowicz   Esther Raitman   Gail Scher**

# The North Shore Jewish Center

## Congregation Or Simcha

2841 Birchwood Ct \* Wilmette, IL 60091\* Phone (847)410-2066

### INFORMATION SHEET

*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

September 28, 2010 – October 18, 2011

For more information call: 847-410-2066

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 <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>
_____	Adult <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>
_____	Adult <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>
_____	Adult <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>
_____	Adult <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>
_____	Adult <input type="checkbox"/> Child <input type="checkbox"/>	Rosh Hash. Eve <input type="checkbox"/>	1st day <input type="checkbox"/>	2nd day <input type="checkbox"/>	Y. Kippur Eve <input type="checkbox"/>	Day <input type="checkbox"/>

I wish to order Qty: \_\_\_\_\_ sets of **machzorim** (\$52) for Rosh Hashana and Yom Kippur

I wish to order **lulav and etrog**  Qty: \_\_\_\_\_ (\$75 per set) **Schach**  Qty: \_\_\_\_\_ (\$15 per bundle)

I wish to be a co-sponsor (\$36) for **Kiddush** Rosh Hash. 1<sup>st</sup> day ; Rosh Hash. 2<sup>nd</sup> day ; 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:** \$125.00 per adult \$50.00 per child or student

**All reservations must be in the office by Sept. 20th, 2011 to guarantee reserved seats.**

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Please mail information/application sheets and checks to: Or Simcha, 2841 Birchwood Ct, Wilmette IL 60091