



Step 1 - Complete top part & return to Beth Shalom for Rabbi's approval
Step 2 - After Rabbi's approval, sign and return original form to CBS with \$100 deposit

BAR/BAT MITZVAH REQUEST FORM

Candidate: _____

Parents: _____

Date Requested: _____

Birthdate: _____

Torah Portion: _____

Haftorah: _____

APPROVED: _____
Rabbi Mark Zimmerman

DATE: _____

**PLEASE CHECK ALL ABOVE INFORMATION CAREFULLY,
SIGN BELOW AND RETURN ONE COPY
TO THE SYNAGOGUE OFFICE:
Congregation Beth Shalom
5303 Winters Chapel Road
Atlanta, GA 30360**

NAME: _____
(please print)

BAR/BAT MITZVAH DATE: _____

Retain one copy for your records

See scheduling information on Page 4 of the Congregation Beth Shalom
Bar/Bat Mitzvah Handbook regarding policies for submitting requests.

Parent's Signature of Acceptance

Parent's Signature of Acceptance

**\$100 non-refundable deposit must accompany this request. This will
secure your date and be used towards your balance.**

check# _____.

Bookkeeper initials _____