



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 \$150 deposit

## BAR/BAT MITZVAH REQUEST FORM

Candidate: \_\_\_\_\_

Parents: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Torah Portion: \_\_\_\_\_

Haftorah: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Rabbi Mark Zimmerman

DATE: \_\_\_\_\_

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**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**

**\$150 non-refundable deposit must accompany this request. This will  
secure your date and be used towards your balance.**

**check#** \_\_\_\_\_.

**Bookkeeper initials** \_\_\_\_\_