BAR/BAT MITZVAH ENROLLMENT FORM

Return to: Temple Israel: Bar/Bat Mitzvah Committee
Mail to: Temple Israel, Attention Bar/Bat Mitzvah Committee, or fax to 914-271-0032

Child's Full Name:		Attached is a list of all possible dates in 2021.			
Male/Female Date of Birth: Grade in School in January, 2019: Likely school district at time of bar/bat mitzvah (circle one): Briarcliff Croton HenHud Lakeland Ossining Pleasantville Putnam Valley Somers Yorktown		Check here if your family simply wants a date close to your child's actual birthday. If you have specific date preferences, list them here, and we will try to work with you, but we make no promises. You will NOT automatically receive one of the dates you write here! Your preferences will help guide us. Note: Preference will be given to those children whose birthdays fall closest to the date. 1			
Other		3.			
Other		Please list any special concerns you want the committee to be aware of regarding your child or your family. Unfortunately, many of our members have elderly grandparents coming			
Parents' Names. Mother: Father: Mailing address:					
				from out-of-town or college-aged kids who are away, and it is simply impossible for us to take these particular issues into consideration. Please list any specific dates which would present a conflict for your family due to	
					weddings, bar/bat mitzvahs, etc.
					*Please indicate an approximate number of guests you anticipate
				Home Phone:	
Call Diame		Please indicate below if you plan to reserve the			
Cell Phone:		Oneg room for a 2-hour luncheon or a full-length reception.			
Fax:					
(Important!) Email:		Yes No			
For committee use only					
For committee use only: Date	Choice 1: # days	Choice 2: # days Choice 3: # days			
received:	from b-day	from b-day from b-day			