



Bar & Bat Mitzvah Application

We want to reserve the following date _____, _____, _____ for
(Day eg. Monday) (Month) (Date) (Year)

our Son's Bar Mitzvah _____
(Child's Name) (Please Print)

our Daughter's Bat Mitzvah _____
(Child's Name) (Please Print)

to be held at the Young Israel of Scarsdale.

We understand that this application will be confirmed upon full payment of all dues, and arrears, and the approval of the Treasurer, Rabbi, and Catering Committee Chairperson.

We understand that the fee for the Bar/Bat Mitzvah class is \$300 and is separate and apart from our membership fee.

We also acknowledge that if we plan to use a catering establishment for refreshments, said caterer must be on the Young Israel of Scarsdale approved list of caterers. Said caterer must also furnish proof of compensation insurance as well as a New York State Certificate of Health to Y.I.S. before being admitted upon the premises.

In addition we understand that no one other than an approved caterer may bring food into the building to be used on this occasion however; our Sisterhood may be asked to provide a Kiddush at their standard rates. You may obtain a Kashrut Guideline in the office.

We are planning to use Y.I.S. facilities for: Luncheon (), Dinner (), Kiddush (), and

plan to use the following Caterer _____ and/or Sisterhood ().
(Caterer's Name)

Parent's Name: _____

Address: _____

Telephone: _____

Signature: _____

For Office Use Only

Rabbinic Approval		Date
Treasurer's Approval		Date
Co-President Approval		Date

Please contact the office for a schedule of fees and availability of facilities. A contract for the rental of Synagogue facilities may be obtained from the office and is separate and apart from the Bar/Bat Mitzvah Application.

BAR/BAT MITZVAH REGISTRATION

Child's Name

(English): _____

(Hebrew): _____

Child's Email address: _____

Parent's Name: _____

Street Address: _____

City, State & Zip Code: _____

Mother's Email Address: _____

Father's Email Address: _____

Child's English Birth Date and Time of Birth: _____

Child's Hebrew Birth Date: _____

English Date that corresponds to Hebrew Birth Date in Bar/Bat Mitzvah

Year: _____

*To find date, go to www.hebcal.com

Please note, if your child was born in Adar of a regular year, and his Bar Mitzvah date falls out in a leap year which contains two Adars, his Bar Mitzvah Date will be in Adar II. If he was born in Adar I or Adar II of a leap year, and his Bar Mitzvah date also falls out in a leap year then his Bar Mitzvah is in the Adar that he was originally born in.

Projected Celebration Date, please specify Shabbat morning or

other: _____

Torah Portion: _____

Special Request: _____

Current School attending: _____

Awards: _____

Hobbies: _____