

Congregation Ahavath Torah Bar/Bat Mitzvah Reservation Request Form

Child's Name: (Hebrew):	Date Submitted:	Deposit of \$250 per room paid via check/credit card/cash			
Confirmation. upon approval. will be sent via small Level of Membership [full affiliate associate Membership is required for rental of premises. Please contact the catering office for membership information. Type of Simcha: Bar Mitzvah Bat Mitzvah Cenglish	Mother's Name:	Fathe	r's Name:		
Email: Mother's:	Address:				
Email: Mother's:	Cell phone: Mother's:	Fath	er's:		
Level of Membership [] full [] affiliate [] associate Membership is required for rental of premises. Please contact the catering office for membership information. Type of Simcha: [] Bar Mitzvah [] Bat Mitzvah [
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Type of Simcha: [] Bar Mitzvah [] Bat Mitzvah Child's Name: (Hebrew): (English)	Level of Membership [] full [] affi	liate [] associate			
Child's Name: (Hebrew): (English)	Membership is required for rental	of premises. Please contact	the catering office for	r membership information.	
Hebrew birth date:	Type of Simcha: [] Bar Mitzv	ah [] Bat Mitzvah			
Hebrew birth date:	Child's Name: (Hebrew):	(Eng	lish)		
Event Date(s): (please specify all dates)					
2. A deposit of \$250 per room must accompany this request. The deposit is not refundable or transferable but can be applied to a different room in the same time-slot if the room is available. The registration fee will be credited toward rental of the Synagogue facilities for this Simcha. 3. There is no fee required to reserve the sanctuary without catering rooms. 4. CAT cannot guarantee the availability of more than one room per time-slot 5. Full payment is due 9 months prior to the event(s). 6. No date is reserved until this signed form is returned to you. If not received in a week, call the office Requestor's Signature	If you will be celebrating on Shabba Specify the Parsha: Specify the sanctuary you wish to use the Straus Main Sanctuary [] The Room Rental Requests You may reserve one room per time Please indicate your room selection next to the time steriliday Night Shabbata	at: use: e Isaac Perry Beth Midrash e-slot. The deposit per roo ot-rooms choices are The Parker Family after davening	The Katz Sanct The Katz Sanct The Ealtroom/The Eckstein Soci Shabbat evenin	s \$250. (see details below) ial Hall/The Horowitz Social Hall/The Sarna Lounge	
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By signing here, you agree to all the rules and regulations of renting event space at Congregation Ahavath Torah. DATE IS RECORDED ON OFFICIAL SYNAGOGUE CALENDAR UPON APPROVAL For Office Use Only Rabbinic Approval: Print Sign Date [] on time event [] delayed	 A deposit of \$250 per room multiple applied to a different room in applied to a different room in a toward rental of the Synagogu There is no fee required to rest CAT cannot guarantee the available. Full payment is due 9 months per second applied to the second applied to a different room in the second applied to the second applied t	ust accompany this request the same time-slot if the re e facilities for this Simcha. erve the sanctuary withou ilability of more than one optior to the event(s).	t. The deposit is noom is available. The catering rooms. Toom per time-slot	not refundable or transferable but can The registration fee will be credited ot	
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Rabbinic Approval: Print Sign Date [] on time event [] delayed					
		Sign	Date	[] on time event [] delay	

Deposit Received \$_____ Date ____ [] check [] cash [] credit card Balance Due:\$____ Due Date: ____