BAR/BAT/GIL MITZVAH DATE REQUEST

Parents, please complete this form in order to help us assign Bar/Bat/Gil Mitzvah dates for your child/ren. Please return this form to the Synagogue office.

Name of Future B'nai Mitzvah Student ————————————————————————————————————						
Date of Birth/ Time of Birth (Morning) or (Afternoon or evening before midnight) (Circle)						
SCHOOL CHILD ATTENDS	CHILD'S CELL PHONE	CHILD'S EMAIL	CHILD'S OTHER JEWISH EDUCATIONAL INVOLVEMENT			
				_		
PHONE #'S: HOME/CELL			PHONE #: WORK		EMAIL	
	•					
NAME OF PARENT:ADDRESS						
PHONE #'S: HOME/CELL		PHONE	#: WORK	EMAIL		
Type of service we request (rank in order of preference – first choice, second choice, etc.)Shabbat MorningMincha-HavdalahEither type is acceptableOther (e.g. Rosh Hodesh)						
We are likely to request the use of the following facilities for our Bar/Bat/Gil Mitzvah celebration: (For families requesting a Shabbat morning service, please be aware that in the evening the family having a Mincha Havdalah service has priority to use the Cherry Auditorium.)						
Friday dinner, (Cherry)	Shabbat lunch, (Congregational)	Shabbat lunch, (Private)	Saturday evening, (Coslov)	Saturday evening, (Cherry)	Sunday afternoon/ evening (Cherry)	
Sunday afternoon/ evening (Coslov)	Not likely to use Synagogue facilities	We would consider: A summer Shabbat morning service	A Shabbat morning service on a holiday weekend (e.g. Thanksgiving, Memorial or Labor Day Weekends	A Sunday (e.g. Rosh Hodesh or Hanukkah)		
		Yes/No	Yes/No	Yes/No		
Please list any specific date requests. (use the other side for more space)						
List and briefly explain any dates that are unacceptable due to family conflicts or previous commitments.						
Office information Only: Hebrew Birthday Eligibility						