## 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 _ Full Hebrew Name
Date of Birth $/$ Time of Birth (Morning) or (Afternoon or evening before midnight) (Circle)

| SCHOOL | CHILD'S | CHILD'S | CHILD'S OTHER JEWISH |
| :---: | :---: | :---: | :---: |
| CHILD |  |  |  |
| ATTENDS | CELLPHONE | EMAIL | EDUCATIONAL INVOLVEMENT |

## NAME OF PARENT:

ADDRESS
PHONE \#'S: HOME/CELL

| PHONE \#'S: HOME/CELL | PHONE \#: WORK | EMAIL |
| :---: | :---: | :---: |

## NAME OF PARENT:

$\qquad$
ADDRESS
PHONE \#'S: HOME/CELL

| PHONE \#: WORK | EMAIL |
| :---: | :---: |

Type of service we request (rank in order of preference - first choice, second choice, etc.)
Shabbat Morning $\qquad$ Mincha-Havdalah $\qquad$ Either type is acceptable $\qquad$ Other (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, <br> (Cherry) | Shabbat lunch, <br> (Congregational) | Shabbat lunch, <br> (Private) | Saturday evening, <br> (Coslov) | Saturday evening, <br> (Cherry) | Sunday <br> afternoon/ <br> evening <br> (Cherry) |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Sunday <br> afternoon/ <br> evening <br> (Coslov) | Not likely to use <br> Synagogue <br> facilities | We would consider: <br> A summer Shabbat <br> morning service | A Shabbat morning <br> service on a holiday <br> weekend (e.g. <br> Thanksgiving, <br> Memorial or Labor <br> Day Weekends | (e.g. Rosh Hodesh <br> or Hanukkah) |  |

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.

