Congregation Or Ami Bar/Bat Mitzvah Date Selection Form



| Name of Parent(s) | Home Phone | |
|--|--|--|
| Cell Phone | Email | |
| B'nai Mitzvah Age Child(ren]: | | |
| Name | Birthday// Curren | it grade |
| Name | Birthday// Curren | nt grade |
| Six Bar/Bat Mitzvah Dates/Tir | nes From the List That Work for Me/Us | s Are: |
| Sat//_20 | Time: 10am / 4pm | |
| Sat//_20 | Time: 10am / 4pm | |
| Sat//_20 | Time: 10am / 4pm | |
| Sat//_20 | Time: 10am / 4pm | |
| Sat//_20 | Time: 10am / 4pm | |
| Sat//_20 | Time: 10am / 4pm | |
| | ay/time not listed as available, please listed as available, please listed dates and reasoning on the back. | st 6 available dates |
| ☐ I/we already have a date f | or our child [name] | 's |
| Bar/Bat Mitzvah. The date | /time is: at | · |
| returned with less than 6 ch in after the date below will on also understand that all Satur services will take place in our | naintain fairness, 6 choices MUST in the color of the processed of the processed. For the color of the processed of the color of the co | rms that are turned rms are processed. I oon Havdala temple will do |
| Signature of Parent(s) | | |
| | | |