

6 months prior - Mail to Beth Shalom

BETH SHALOM CONGREGATION BAR/BAT MITZVAH PREPARATION FORM

Please submit to the synagogue office **approximately 6 months prior** to the event so that we are aware of your intentions. NOTE: You will need to make an appointment with Judy Grinblat in the Beth Shalom office to discuss details. In addition, it will be necessary for you to contact Sisterhood or the Beth Shalom House Committee if you plan to have them handle the catering.

Bar/Bat Mitzvah date: _____ Child's Name: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mother(wk): _____ Father(wk): _____

Approximate number of guests expected: _____

SUMMARY OF ARRANGEMENTS TO BE MADE WITH SISTERHOOD OR BETH SHALOM HOUSE COMMITTEE

FOR FRIDAY EVENING:

Will you be sponsoring the Oneg Shabbat following services? Yes No

Name(s) of sponsors: _____

Relationship to Bar/Bat Mitzvah Child: _____

Estimated number of guests: _____

FOR SATURDAY MORNING:

Kiddush will be: Full Buffet Luncheon Small set-up with finger food Your main event

Estimated number of guests: _____

Other – please describe: _____

If you plan to use an outside Kosher caterer please provide their name and phone number:

FOR ALL B'NAI MITZVAH:

Are you planning a reception at the synagogue other than the Kiddush? Yes No

OTHER:

Are there any special considerations that are specific to your event/invited guests, i.e. listening impaired, sight impaired, handicapped.

