

BAR/BAT MITZVAH INFORMATION SHEET

Please complete and return no later than FOUR weeks prior to your affair.
Also, please attach directions to the temple and to the reception.

NAME: _____ DATE OF AFFAIR: _____
HOME PHONE: _____ WORK PHONE: _____

FORMALS (please contact the office to schedule formals)

Date: _____ Time: _____ AM / PM

Location: _____

Address: _____

CEREMONY

Time: _____ AM / PM

Location: _____

Address: _____

RECEPTION

Time (start & end): _____ AM / PM

Location: _____

Address: _____

MUSIC PROVIDED BY: _____

OF TABLES: _____ # OF CHILDREN: _____

Please list important family members and friends:

Any special needs, requests and requirements (ex: must take picture of dad and aunt Sue, etc.) :

Comments (ex: divorced, deceased, etc.):