

Bar/Bat Mitzvah Form and Worksheet

Please return this form (one per service) to the Beth Am office one month before your service.

Family Name(s): _____ Service Date/Time: _____

Location: _____

Name and Number of Contact Person (if at outside venue): _____

Approximate Number of Guests: _____ Adults _____ Children _____ Total

Photographer: _____

Date/Time/Location: _____

Videographer: _____

Beth Am provides Challah and Juice after each service

Is your family attending Friday Night Service? : Yes No _____ Number of guests attending

Are you using Beth Am kippot or providing your own? BA Own Circle one

If you are using your own kippot, do you need a basket to hold them? Yes No