

Information for Double Service Supplement

Please complete and return to PTBE office, Attn: Anita Siu, at least TWO WEEKS prior to the service. This supplement will include a guide to the service.

GENERAL INFORMATION

NAME OF BAR / BAT MITZVAH _____

HEBREW NAME OF BAR / BAT MITZVAH _____

DATE OF SERVICE _____

NUMBER OF GUESTS EXPECTED _____

PARENT'S NAME:

PARENT'S HEBREW NAME:

FRIDAY NIGHT CANDLE LIGHTING

(PLEASE INDICATE RELATIONS TO YOUR STUDENT)

ARK DOORS ARE OPENED AND CLOSED TWICE DURING THE SERVICE

1ST OPENING & CLOSING _____
(UP TO 3 GUESTS; PLEASE INDICATE RELATIONS TO YOUR STUDENT)

2ND OPENING & CLOSING _____ PARENTS ONLY

PASSING DOWN THE TORAH

PARENTS _____

OLDER SIBLINGS _____

GRANDPARENTS _____

(Continue on back)

ALIYOT (Maximum is 3 including the Bar/Bat Mitzvah. The Bar/Bat Mitzvah will have the last aliyah. Parent(s) will have the second to last aliyah. You will have one Aliyah to give to family and Jewish friends.

NAME

HEBREW NAME

ALIYAH #1

(PLEASE INDICATE RELATIONS TO YOUR STUDENT)

ALIYAH #2 PARENTS

ALIYAH #3 BAR/BAT MITZVAH

G'LILAH (DRESSING OF THE TORAH)

(1 GUEST ONLY)

STUDENT'S ACKNOWLEDGEMENT (OPTIONAL)

PARENT'S PHONE NUMBER: _____

EMAIL ADDRESS: _____