

BAR/BAT MITZVAH REQUEST FORM

Step 1- Complete top part & return to CBS for Rabbi's approval

Step 2 - After Rabbi's approval, sign and return original of completed original form to CBS

Candidate: _____

Parents: _____

Date Requested: _____

Birthdate: _____

Torah Portion: _____

Haftorah: _____

APPROVED: _____

Date: _____

Rabbi Mark Zimmerman

PLEASE CHECK ALL ABOVE INFORMATION CAREFULLY,
SIGN BELOW AND RETURN ONE COPY TO THE SYNAGOGUE OFFICE:

Congregation Beth Shalom
5303 Winters Chapel Road
Atlanta, GA 30360

NAME: _____ (please print)

BAR/BAT MITZVAH DATE: _____

Retain one copy for your records

See scheduling information on Page 4 of the Congregation Beth Shalom Bar/Bat Mitzvah Handbook regarding policies for submitting requests.

Parent's Signature of Acceptance

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\$100 non-refundable deposit must accompany this request. This will be used towards your balance.

