



**PLEASE ENCLOSE
PHOTO**

BAR/BAT MITZVAH INFORMATION
For Temple Topics

Name: _____ B/M Date: _____

Town: _____ Phone (in case of questions) _____

Father's Name: _____ Mother's Name: _____

Brother(s) – please include age(s): _____

Sister(s) – please include age(s): _____

School: _____ Grade: _____

Interests: _____

Ambition: _____

How do you feel about this special occasion (short quote: _____

Form and photograph (any photo can be used – we will crop if necessary) should be sent by hand delivery, email (with a digital photo) or regular postal mail to the synagogue to the attention of *Temple Topics* **to be received by the 1st of the month** as follows:

For a September or October date, by August 1
For a November or December date, by October 1
For a January or February date, by December 1
For a March or April date, by February 1
For a May or June date, by April 1

Thank you for your cooperation.

Beth Haverim Shir Shalom ♦ 280 Ramapo Valley Road ♦ Mahwah, NJ 07430
Phone 201-512-1983 ~ Fax 201-512-1586