



Application for Bar/ Bat Mitzvah Date

Student's Full Name: _____
(Print the name as you would like it to appear on the Certificate of Bar/Bat Mitzvah.)

Student's Full Hebrew Name: _____
(Includes the Heb. name/s of parent/s: e.g. *Yoseph ben Yaakov* or *Miriam bat Avram v'Tziporah*)

Student's Birthday: _____
(Dates closest to the Sabbath following student's Hebrew date of birth are given priority.)

Parent/s Name/s: _____

E-mail: _____

Phone # _____

Choices of Bar / Bat Mitzvah Date (in order of preference):

- Select 2nd or 4th Shabbat (Saturday) of the month
- Please avoid Jewish Holidays (see Holiday calendar)

1. _____

2. _____

3. _____

Special considerations (e.g. concerning choice of date, special needs or learning disabilities, family issues) – to be kept confidential:

Securing a Bar/Bat mitzvah date at CBE is contingent upon: a) the Hebrew reading assessment, b) commitment agreement, and c) confirmation with synagogue calendar.

Please complete and return to Jill Wildenberg by January 28, 2009
educationdirector@bethevergreen.org 303/670.4294 x 8