

# Information for 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

\_\_\_\_\_  
(include honorees' relations to family)

## ARK DOORS ARE OPENED AND CLOSED TWICE DURING THE SERVICE

1<sup>ST</sup> OPENING & CLOSING \_\_\_\_\_

2<sup>ND</sup> OPENING & CLOSING \_\_\_\_\_ PARENTS ONLY

## PASSING DOWN THE TORAH

PARENTS \_\_\_\_\_

OLDER SIBLINGS \_\_\_\_\_

GRANDPARENTS \_\_\_\_\_

(Continue on back)

**ALIYOT** (Maximum is 7 including the Bar/Bat Mitzvah. The Bar/Bat Mitzvah will have the last aliyah. Parent(s) will have the second to last aliyah. Please confirm with Elana Jagoda Kaye a month prior to service date to determine how many aliyot you can call.)

**NAME & RELATION TO FAMILY**

**HEBREW NAME**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. **BAR/BAT MITZVAH**

\_\_\_\_\_

**G'LILAH (DRESSING THE TORAH) (2 ADULTS)**

\_\_\_\_\_ (include honorees' relations to family)

**STUDENT'S ACKNOWLEDGEMENT** (Optional and to be written by the Student)

**PARENT CONTACT PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_