***Hebrew Congregation of St. Thomas***

**BAR/BAT MITZVAH APPLICATION FORM**

**NOTE:** A Jewish young person is eligible to celebrate becoming Bar/Bat Mitzvah at any time after his/her 13th birthday. For a child to celebrate this milestone event in our synagogue, the family must be members of a synagogue where they live, and the child must be enrolled in a Jewish education program and have sufficient Hebrew skills to lead part of our service and read a passage from the Torah and/or the Haftarah. Children with special educational needs may be exempted from the later requirement after our Rabbi has the opportunity to consult your home Rabbi or Educator. Our Rabbi will be happy to discuss these requirements with you.

Our policy is that the Synagogue remains open to the public during all life-cycle Services. Visitors will be asked to sit quietly near the Synagogue entrance.

To confirm the requested Bar/Bat Mitzvah date, please return this form with a deposit of $1,500.00 (or $2,600.00 for dates during Thanksgiving weekend, the last two weeks of December, the first week of January or Presidents’ Week.)

Please Print

**Bar/Bat Mitzvah date requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Day of the week**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Bar/Bat Mitzvah Candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hebrew Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Father’s Hebrew Name(if applicable)\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother’s Hebrew Name(if applicable)­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zipcode**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Evening phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E**-**mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Synagogue affiliation: 🞎 Reform 🞎 Conservative 🞎 Orthodox 🞎 Reconstructionist 🞎 Jewish Renewal

Name and address of Synagogue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, phone number and e-mail address of Rabbi or Hebrew teacher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In signing this document, I agree to compensate The Hebrew Congregation for any damages caused to the Synagogue property during the Bar/Bat Mitzvah Service, rehearsal, photography session or celebration. In addition, by signing this document, I agree that I have read and understood the guidelines set forth by The Hebrew Congregation.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Deposit amount we are now paying to the Hebrew Congregation of St. Thomas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**The final payment of $1,000.00 is to be paid one month prior to the service.**Credit Card Type:** **No:** **Exp**: **Sec. Code** |

**\*Payments must be in US dollars on US banks or by credit card.**