

Beth El Synagogue
Torah Reading Request Form

(Please print)

Name (*Bar or Bat Mitzvah*)

Bar/Bat Mitzvah Date

Address

Day Phone Number

City

Zip

Evening Phone Number

e-mail address

Cell Phone Number

Readers' Names	<u>"Short" or "Average"</u> Length Reading Requested	Email Address and Phone Number
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1) _____

2) _____

3) _____

4) _____

Parent of *Bar/Bat Mitzvah* (signature)

Date Submitted

[Please return this form to Jill Blustin]