



# BNEI MITZVAH PROGRAMME APPLICATION FORM

This form must be completed as soon as the date of the Bar/Bat Mitzvah is confirmed with the Synagogue and forwarded together with the registration fee to:

**Bnei Mitzvah Programme, Tribe, 305 Ballards Lane, North Finchley, London, N12 8GB**

STUDENT'S FULL ENGLISH NAME

.....

STUDENT'S FULL HEBREW NAME\*

.....

\*This must be written accurately in Hebrew as you wish it to appear on the Bar/Bat Mitzvah certificate;

e.g. יצחק בן אברהם / דינה בת יעקב **IF IN DOUBT, PLEASE CONTACT YOUR RABBI OR TUTOR.**

DATE OF BAR/BAT MITZVAH.....

ENGLISH DATE OF BIRTH.....

ADDRESS.....

POSTCODE.....

HOME TELEPHONE: .....

WORK TELEPHONE: .....

EMAIL.....

SYNAGOGUE WHERE BAR/BAT MITZVAH WILL BE CELEBRATED

.....

NAME & TELEPHONE NUMBER OF PRIVATE TUTOR (if applicable)

.....

NAME OF HEBREW CLASSES (CHEDER) OR JEWISH DAY SCHOOL

.....

I enclose the registration fee of £35.00 (Cheques should be made payable to the "United Synagogue")

☐ My son/daughter would like to attend the Bnei Mitzvah Weekend for year 7 pupils.

**SIGNATURE OF PARENT/GUARDIAN** .....

**DATE**.....