

**AARONION BULLETIN BAR/BAT MITZVAH INFORMATION FORM
(INCLUDE PICTURE!)**

Please complete and return to Temple of Aaron Two Month Before.

NAME _____

SON/DAUGHTER OF _____
(Parents Names)

(Parents Address)

will celebrate his/her Bar/Bat Mitzvah on _____

_____ is in _____ grade at _____
(First Name) (Name of School)

At school he/she participates in _____

(Clubs, sports, etc.)

He/she also enjoys _____

(Hobbies)

Bar/Bat Mitzvah is a member of Temple of Aaron Kadima? _____

_____ has designated _____
(First Name) (Name of Charity)

for his/her tzedaka contribution.

Oneg Shabbat and Kiddush refreshments will be sponsored by:

NAME

RELATIONSHIP

