

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

**Please complete and return to Ken Agranoff 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
_____	_____
_____	_____