



Ohr HaTorah Religious School

### Request for Bar/Bat Mitzvah Date

Child's Name: \_\_\_\_\_

Child's Birth date: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requested Dates (Month, Day and Year):

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

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Availability Check : Date # 1 \_\_\_\_\_

Date # 2 \_\_\_\_\_

Date # 3 \_\_\_\_\_

Approvals (Initials and Date):

Rabbi Finley \_\_\_\_\_

Meirav Finley \_\_\_\_\_

Final Calendaring done by: \_\_\_\_\_