



B. Mitzvah Family Information

Please return this form 4 weeks before your service:

Family Name: _____

Service Date/Time: _____

Location: _____

Name and Number of Contact Person (if at outside venue): _____

Approximate Number of Guests: _____ Adults _____ Children _____ Total

Photographer: _____

Date/Time/Location: _____

Videographer: _____

Is your family attending Friday Night Service? Yes No

Are you using Beth Am kippot or providing your own? BA Own Circle one

If you are using your own kippot, do you need a basket to hold them? Yes No