

Hebrew Learning Circles

Innovative Jewish Education for Children and Adults

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Event Information Sheet

Event: _____

Celebrant's name: _____ Hebrew name: _____

Date of birth: ___/___/___

Date of event: Day - _____ Date - ___/___/___ Time - begins _____ , ends _____

Hebrew date of event: _____ 57___

Rehearsal date: Day - _____ Date - ___/___/___ Time - begins _____ , ends _____

Follow up family meeting: Day - _____ Date - ___/___/___ Time - _____

Parshah: _____ Haftarah: _____

Mother: _____ Hebrew name (op): _____

Jew by birth ___ Jew by choice (convert) ___ other _____

Father: _____ Hebrew name: (op): _____

Jew by birth ___ Jew by choice (convert) ___ other _____

Siblings: _____ age:

_____ age:

_____ age:

Address: _____

e-mail: _____

Phone: day _____ Cell _____

eve _____

Comments: