



Bar/Bat Mitzvah Form

Clients Name: _____ Date of Event: _____

Guest of Honor Parents: _____

Bar/Bat Mitzvah Grand Entrance

Grandparents: _____

Mother: _____

Father: _____

Brothers: _____

Sisters: _____

Bar/Bat Mitzvah (Guest of Honor): _____

Blessing over Callah: Yes ___ No ___ By Whom _____

Blessing over Wine Toast: Yes ___ No ___ By Whom _____

Toast: Yes ___ No ___ By Whom _____

Misc Information:
