הכותל המסורתי

Masorti Kotel Bar/Bat-Mitzvah Form

Please Specify if it is a Bar-Mitzvah or Bat-Mitzvah:

English Name of Bar/Bat-Mitzvah:

Hebrew Name of Bar/Bat-Mitzvah, including parents’ Hebrew names

(i.e. Yitzhak ben Avraham v’Sarah יצחק בן אברהם ושרה):

Parents’ Names:

Mailing Address (including postal code):

Email:

Israeli Mobile:

Home Synagogue and City:

Date (Day/Month/Year):

Time:

7:30 – 9:00

9:00 – 10:30

10:30 – 12:00

12:00 – 13:30

Special request for an afternoon ceremony at: \_\_\_\_\_\_\_\_pm

(Upon approval, you'll need to pay the Masorti Movement a fee of $80. Payment should be made in advance at: <http://masorti.org/> choose Donate Now – at Movement Designated Gifts choose – Masorti Kotel

Approximate Number of Participants:

Officiating Clergy: **Rabbi Ehud Bandel**

Email:**ehudbandel@gmail.com**Mobile:+972-(0)507811109

Travel Agency:

Contact Person:

Telephone:

Please mail the form to:

kotel@masorti.org.il

 **CC: ehudbandel@gmail.com**