



Temple Solel Bar/Bat Mitzvah Date Request Form

Today's Date _____

Child's Full Name _____

Child's Hebrew Name (in English) _____

Child's Birthday (month/day/year) _____

Current Grade Level _____

Parents' Full Names

Parents' Hebrew Names (in English)

Email Address _____

Home Phone _____ Cell Phone _____

Top Three Requested Bar/Bat Mitzvah Dates

Please include the Month, Day & Year

1) _____

2) _____

3) _____

Please forward completed form via email, fax or mail to

Jelena Santiago

Temple Solel, 6805 E. McDonald Drive, Paradise Valley, AZ 85253

jsantiago@templesolel.org ❖ 480/951-0829 Fax ❖ 480/991-7414 Phone

Date form received in office _____