



A project of the Chabad Jewish Learning Centre  
1845 Mathers Avenue Winnipeg M.B. R3N 0N2 Phone: (204) 339-8737 E-mail: bmc@chabadwinnipeg.org

## BAT MITZVAH CLUB REGISTRATION FORM

### **Bat Mitzvah Club Members**

*This  
space  
reserved  
for  
future  
Club  
members  
names*

Name: \_\_\_\_\_

Jewish Name (correct spelling in Hebrew) \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone number \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Hebrew birthday (If you know it) \_\_\_\_\_

Time of birth \_\_\_\_\_ City of birth \_\_\_\_\_

Club members e-mail address \_\_\_\_\_

Parent's names \_\_\_\_\_

Parents were born Jewish /  Other \_\_\_\_\_

Parent's e-mail addresses \_\_\_\_\_

Is there any time on Sunday that would not work due to other commitments?  
\_\_\_\_\_

Fee: \$250.00

Applicant's signature \_\_\_\_\_

Paid \_\_\_\_\_

Parent's signature \_\_\_\_\_