

**YOUNG ISRAEL OF STATEN ISLAND  
BAR MITZVAH/AUFRUF APPLICATION**

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**1. Date of Application**

\_\_\_\_\_

**9. Date Requested**

\_\_\_\_\_

**2. Parent(s) Name(s)**

\_\_\_\_\_

**10. Parsha Requested**

\_\_\_\_\_

**3. Home Address**

\_\_\_\_\_

\_\_\_\_\_

**11. Minyan Requested (circle one)**

**7:00 Beis Medrash      8:00 First Shul**

**8:45 Main Minyan      9:00 Sfarid**

**4. Home Phone Number**

\_\_\_\_\_

**12. Will child be laining the entire Parsha?**

**Yes      No**

**5. Child's Hebrew Name**

\_\_\_\_\_

**13. Reading the Haftorah?**

**Yes      No**

**6. English Date & Time of Birth**

\_\_\_\_\_

**14. Davening for the Amud?**

**Yes      No**

**7. Hebrew Date of Birth**

\_\_\_\_\_

**15. Bar Mitzvah Teacher**

\_\_\_\_\_

**8. Are you a (circle one)**

**Kohen      Levi      Yisrael**

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**I HEREBY ACKNOWLEDGE AND AGREE THAT THE YOUNG ISRAEL OF STATEN ISLAND HAS THE RIGHT, UNDER CERTAIN CONDITIONS OR FOR CERTAIN REASONS, TO MOVE MY BAR MITZVAH/AUFRUF TO ANOTHER MINYAN OR ANOTHER SHABBOS IF NEEDED. I FURTHER ACKNOWLEDGE AND AGREE THAT I MAY BE REQUIRED TO SHARE THE MINYAN AND ALL ITS KIBBUDIM WITH ANOTHER SIMCHA.**

**Signature of Parent:** \_\_\_\_\_

**Signature of Rabbi/Head Gabbai:** \_\_\_\_\_