



Mother and Daughter

BAT MITZVAH PROGRAM • REGISTRATION FORM

Name of Daughter: _____

Date of Birth: _____ Hebrew Date of Birth (if known): _____

School: _____ Grade: _____

Name of Mother: _____

Name of Father: _____

Address: _____

Phone: _____ Mother's Cell Phone: _____

Email: _____

How did you hear about this program: _____

METHOD OF PAYMENT

Cost: \$375

Cash Cheque Visa Mastercard

Please make cheques payable to Torah in Motion.

Name on card: _____

Card no: _____

Exp date: _____

Signature: _____

SPONSORSHIP OPPORTUNITIES

I would like to honour my daughter or another special woman by sponsoring this program:

\$5,000 \$1,800 \$1,000 \$500

Please contact me about my contribution

*All donations will be appropriately acknowledged at the closing ceremony and tax receipts will be issued.

Closing banquet subject to separate charge.

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OFFICE USE ONLY

Date: _____ Computer posted: _____

Method of payment: _____ Processed by: _____