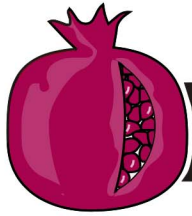


Mother and Daughter

BAT MITZVAH PROGRAM



REGISTRATION FORM

Name of Daughter: _____

LAST AND FIRST

Date of Birth: _____

Hebrew date of Birth (if known): _____

School and grade: _____

Name of Mother: _____

LAST AND FIRST

Name of Father: _____

LAST AND FIRST

Address: _____

Phone: _____

Mother's cell phone: _____

Email: _____

Is email a reliable means of communicating with you? _____

How did you hear about this program? _____

■ **COST**

For mother and daughter \$300.

■ **METHOD OF PAYMENT**

Please make cheques payable to TORAH in MOTION.

Cash Cheque MasterCard Visa

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

www.torahinmotion.org 416.633.5770
16 Dorchester Drive, Toronto, Ontario Canada M3H 3J1

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

OFFICE USE ONLY

Date: _____

Method of payment: Cash Cheque MasterCard Visa

Computer Posted: Yes No

Processed by: _____