



**ALIYOT – HONORS FORM for TWO B’NAI MITZVAH  
MAIN SANCTUARY- Family 1**

The policy of Sinai Temple is that each family receives TWO (2) ALIYOT and ONE (1) additional ALIYAH for the parents/guardians, which totals THREE (3) ALIYOT. Individuals receiving an honor must be **JEWISH and thirteen years of age or older**. Please do not list more than FOUR (4) names per ALIYAH. Please bring this list to your child’s first meeting with Cantor Feldman. **In order to prevent spelling mistakes please print as clearly as possible.**

Bar/Bat Mitzvah Date: \_\_\_\_\_ Bar/Bat Mitzvah Child: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ARK OPENING** (beginning of Torah Service at 9:30am) **Name:** \_\_\_\_\_

**ALIYAH #1** (9:40am 1-4 people total)

<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	

**ALIYAH #2** (9:40am 1-4 people total)

<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	
<b>Name</b> _____	_____	_____
English	Hebrew Name (Bar/Bat) Parents Hebrew Names	

**PARENT/GAURDIAN ALIYAH #6** (9:50am)

**Parent/Guardian 1 Name:** \_\_\_\_\_

English	Hebrew Name (Bar/Bat) Parents Hebrew Names
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**Parent/Guardian 2 Name:** \_\_\_\_\_

English	Hebrew Name (Bar/Bat) Parents Hebrew Names
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**LIFT TORAH** (10:00am) **Name:** \_\_\_\_\_