BAR/BAT MITZVAH ITINERARY

CONTACT INFORMATION		
**PLEASE NOTE: THIS FORM MUST BE COMPLETED AND SUBMITED 14 DAYS PRIOR TO THE EVENT DATE. ANY FINAL CHANGES MUST BE COMMUNICATED DIRECTLY TO OUR OFFICE AS THIS FORM WILL BE LOCKED. IF THE FORM LOCKS YOU OUT BEFORE YOUR LOCK OUT DATE NOTIFY US TO UNLOCK YOU.		
Bar/Bat Mitzvah's Name		
Parent's Name		
Bar/Bat Mitzvah Date		
Phone Numbers (please include area code)	Phone Numbers (please include area code)	
Home		Cell
Email		
DJ Attire		
Other - please specify		
Total number of guests attending		
Total number of children (ages 5-14) This is very important and can effect the games & prizes		
Boys	Girls	

VERY IMPORTANT: PLEASE HIT THE SAVE BUTTON EVERY 5 MINUTES OR SO: DO NOT WALK AWAY FOR A LONG PERIOD OF TIME WITH OUT SAVING AND CLOSING THE WINDOW OUT, THIS COULD CAUSE YOUR WHOLE FORM TO GO BLANK.

FACILITY INFORMATION

**PLEASE NOTE: The DJ requires one 8' table with cloth and skirt. Please advise the facility of this requirement.

Name of Facility

Address of Facility

Name of Room/Floor

Contact Name (Banquet Manager or Caterer)

Phone Number

Start & End Time

**PLEASE NOTE: The start & end time should reflect the same as our contract. If there are any changes, we need to be contacted immediately.

COCKTAIL INFORMATION

Cocktail Time

**PLEASE NOTE: If we will be providing the music for the cocktail and it will be in a different location than the party, there may be an additional charge for the additional system.

Will the cocktail hour for the adults be held in the same location as the party?

Other - please specify

Additional sound system required?

Will the cocktail hour for the kids be held in the same location as the party?

Other - please specify

Additional sound system required?

INTRODUCTIONS

Will there be introductions?

Parent's Name

Siblings

Guest of Honor

LESSINGS - TRADITIONS
/ill a Havdalah service be done?
/ill a Hamotzi be done?
yes, given by
/ill a Kiddush be done?
yes, given by
/ould you like to do the Hora and when?
/ho will be lifted in the chair?
/ill a parent welcome speech be done?
yes, given by

Candle Lighting Song Suggestions

Copy & Paste this link in your web browser & save to favorites http://www.ctbarmitzvah.com/

CANDLE LIGHTING CEREMONY

Generally the candlelighting order is as follows: Memory candle or candles, grandparents, aunts & uncles, cousins, family friends, neighbors, mitzvah's friends (school, camp, temple friends, etc.), siblings, parents and then the mitzvah.

**PLEASE NOTE: Please bring an additional candle with candle guard so that the other candles can be lit safely by the Guest of Honor.

Who will read the ceremony?

Candle 1 (Memory)

Person(s)	Song Title & Artist/Band

Candle 2

Person(s)	Song Title & Artist/Band	

Candle 3

Person(s)	Song Title & Artist/Band

Candle 4

Person(s)	Song Title & Artist/Band

Candle 5

Person(s)	Song Title & Artist/Band	

Candle 6

Person(s)	Song Title & Artist/Band

Candle 7

Person(s)	Song Title & Artist/Band

Candle 8

Person(s)	Song Title & Artist/Band	
Candle 9		

Person(s)	Song Title & Artist/Band
Candle 10	
Person(s)	Song Title & Artist/Band
Candle 11	
Person(s)	Song Title & Artist/Band
Candle 12 (Sibling)	
Person(s)	Song Title & Artist/Band
Candle 13 (Parents)	Song Title & Artist/Band
Person(s)	
Candle 14 (Guest of Hono)
Person(s)	Song Title & Artist/Band
Special Instructions	
After candle lighting, woul Happy Birthday?	J you like to sing
If yes, please provide birth	date
DINNER	
Is this a Kosher Event	

If this is Kosher will dairy be allowed

Meal type

Number of courses

Will a meal be provided for the entertainment?

ACTIVITIES & GAMES
Please select up to 7 activities that you would like to do
Other - please specify
Select \$10 Gift Card Choice (1 person winner)
Other
Select \$5 Gift Card Choice (2 person winner)
Other - please specify
Prizes for group winners
Please select any line dances that you would like to do
Other

SPECIAL DANCES - REQUESTS	
Will there be a special dance for child & parent?	
If yes,	
Song title	Artist/Band
Will there be a special dance for host & hostess?	
If yes,	
Song title	Artist/Band
Last song	
Song title	Artist/Band
Special instructions	

EXTRAS

If interested in adding the following, please call us for pricing & availability:

Other - please specify

How would you prefer to pay the balance of your account?

Credit card payments

IS YOUR ITINERARY COMPLETE?

For continuous improvement, please share any feedback on this form with us. Thank you!

**PLEASE NOTE: FOR OUR PLANNING PURPOSES, THIS FORM WILL BE LOCKED 2 WEEKS PRIOR TO YOUR EVENT DATE. Any changes that need to be added after your account has been locked will need to be communicated to our office directly.