

TEMPLE ISRAEL OF GREAT NECK
108 OLD MILL ROAD
GREAT NECK, NEW YORK 11023



NAME: _____
BAR/BAT MITZVAH: _____
DATE OF BIRTH: _____

We are confirming the date of _____ for our child's Bar/Bat Mitzvah.

SIGNATURE: _____

Do you expect to use the facilities of the Temple in connection with a private luncheon, dinner or reception? (This is not intended as a commitment by you, but rather as an indication of intent so as to enable us to set aside the appropriate facilities necessary).

| | |
|---|---------------|
| _____ Luncheon Saturday for approximately | _____ Persons |
| _____ Dinner Saturday for approximately | _____ Persons |
| _____ Luncheon Sunday Afternoon for approximately | _____ Persons |
| _____ Dinner Sunday evening for approximately | _____ Persons |

Other (Please indicate): _____

***** Should you wish to book an event with Lederman Caterers, you must do so within 90 days of the receipt of this letter***.** The caterer has the right to use the facilities for a non-member event after that 90 day period.

Please return this form at your earliest convenience.

Thank you.