



**B'NAI MITZVAH
DATE RELEASE FORM**

Today's Date _____

B'nai Mitzvah Name _____

B'nai Mitzvah Date _____

Phone #: _____

I _____, hereby give authorization to Temple Aliyah to release the current B'nai Mitzvah date (as listed above) for my child. I understand that my B'nai Mitzvah deposit is non-refundable.

REASONS (Optional):

_____ Conflict of Schedule

_____ Offsite Option Selected

_____ Financial Situation

_____ Other

Comments:

(Parent Signature)

(Parent Signature)

Once received, a confirmation letter will be mailed to you and your date will be released from the synagogue calendar.

6025 Valley Circle Blvd., Woodland Hills, CA 91367
phone: 818-346-3545 fax: 818-346-9014