
Bar/Bat Mitzvah

Date: _____

Deposit Amount: _____

Balance Due: _____

Year pricing: _____

Type of Coverage: _____

Child's Name: _____

Parent's Name(s): _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Cell phone: _____ Fax: _____ E-mail: _____

Brother(s): _____

Sister(s): _____

Grandparent(s): _____

Uncle(s) + Aunt(s) + Their Children:

Portrait Session:

Date:

Time:

Location:

Sign in Board:

Date:

Time:

Location:

Bema Portraits:

Date:

Time:

Location:

Synagogue

Date of Service: _____

Time of Service: _____

Luncheon:

Time: _____ Location: _____ Number of Guests: _____

Evening Party:

Time: _____ Location: _____ Number of Guests: _____

Special people to photograph: _____

