



# BAR/BAT MITZVAH CANDLE LIGHTING SHEET

Phone: (914) 961-1120  
(845) 629-1593

Fax: (914) 961-1665

Please fill out and return this sheet to us no later than 30 days before your event

Client Name \_\_\_\_\_ Date of Event \_\_\_\_\_  
Bar/Bat Mitzvah Name \_\_\_\_\_ Time of Event \_\_\_\_\_  
Reception Site \_\_\_\_\_ Reception Phone# \_\_\_\_\_  
Reception Address \_\_\_\_\_

<u>Song</u>	<u>Name</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____

*Please List Any Special Songs, Request, Announcements, or Dedications, Etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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