בס"ד

WOODSIDE PARK SYNAGOGUE REQUEST FOR ALIYOT & MITZVOT

Please complete in descending order of priority starting with Bar Mitzvah, Bat Mitzvah, groom or celebrant
Please note that we will do our best to meet your requests but cannot give any guarantees

Please print clearly – Hebrew names may be spelt phonetically in English

FAMILY NAME: …… OCCASION: …… DATE: ……..

ENGLISH NAME	HEBREW NAME (Please state if Cohen or Levi)	RELATIONSHIP TO CELEBRANT	MEMBER OF WOODSIDE PARK?	OTHER INFORMATION (eg. Only open Ark, visitor from abroad, not Hagbah etc.)

DO YOU HAVE A CHILD IN YOUR FAMILY WILLING TO SING ANIM ZEMIROT? NAME: …….

Please note that the number of aliyot or mitzvot that your party may be offered will depend on:

1) The numbers of members with yahrzeit who attend
2) Whether there are any other simchas
3) Whether your party includes one or more cohanim or levi'im

PLEASE SEND THIS FORM BY EMAIL TO OFFICE@WOODSIDEPARK.ORG.UK OR BRING TO THE OFFICE ONE MONTH BEFORE YOUR SIMCHA