

SHABBAT PLANNER : TO COMPLETE ONE MONTH BEFORE THE SIMCHA

contact Rabbi Kieval at 489-4706 or Ravrena@gmail.com if you need assistance or have concerns

CHILD'S NAME: _____ **BAR/BAT MITZVAH DATE:** ___/___/___

FULL HEBREW NAME: _____ **PARASHA:** _____

Check the handbook or consult one of the rabbis for details of honors guidelines. Please note that you are not obligated to 'fill' all of these honors - congregants will be chosen as needed.

HONORS

TORAH SERVICE:

Walking in procession _____

NOTE: "Generations" ceremony occurs at this point in the service (optional)

OPEN ARK (1): _____

CARRY TORAH (1): _____

ALIYOT:

A MAXIMUM OF 5 ALIYOT ARE RESERVED FOR THE BAR/BAT MITZVAH FAMILY in addition to the student's aliyah – please review with Rabbi Kieval

English name

Hebrew name Son/daughter of (ben/bat) father's name
(mother may be included as well)

1. (Kohen) _____
2. (Levi) _____
3. _____
4. _____
5. _____
6. _____
7. _____

****Note: Parents' prayers will occur after the student's aliyah. Please discuss with Rabbi Kieval. Be sure you have a copy for review and to bring to the service.**

MAFTIR ALIYA and HAFTARAH: _____

HAGBAH (lifts Sefer Torah): _____
(must be physically able – please confirm with Rabbi Kieval.)

GELILAH (wraps Sefer Torah): _____

ENGLISH READINGS :

PRAYER FOR COUNTRY: _____

PRAYER FOR ISRAEL (IN HEBREW OR ENGLISH): _____

PRAYER FOR PEACE: _____

ASHREI (responsive chanting) (2 persons maximum): _____

OPEN ARK 2: _____

CARRY TORAH 2: _____

EIN KEILOHEYNU (3 persons maximum): _____

ADON OLAM: _____

TORAH READER REQUESTS (optional, must be prearranged with Rabbi Kieval):

SERVICE LEADERS REQUESTS (optional, prearranged at least 3 months in advance):

SHACHARIT: _____

MUSAF _____

SPECIAL CONCERNS _____

MEMORIALS: Family members you wish to have remembered publicly at the Shabbat service

! Mazal Tov !!