



# AM KOLEL SANCTUARY & RENEWAL CENTER

## LIFE CYCLE EVENTS INFORMATION FOR THE AM KOLEL OFFICE

Name(s) \_\_\_\_\_

**Event Type:**  Anniversary     Briss     Baby Naming     Funeral     Conversion     Other

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Officiant: \_\_\_\_\_

Place of Event: \_\_\_\_\_

**Membership:**

- Am Kolel             Kehila Chadasha             Not a member of any community  
 Another Community (*please specify*) \_\_\_\_\_

**Contact/Billing Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

**For Am Kolel Office Use:**

**Ceremony Fee:** \_\_\_\_\_      **Meeting Fee:** \_\_\_\_\_

**Invoiced:** \_\_\_\_\_      **Payment Info:** \_\_\_\_\_

**NOTES:**

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