SHABBAT SERVICE ATTENDANCE - (Give to Wendy Yablon for credit)

YOUR NAME:SHABBAT SERVICE ATTENDANCE DATE:
PLEASE CIRCLE: Friday night Shabbat Kahal/Minyan Kabbalat Mitzvah
(If this was not a service at Beth Emet, please describe how this service is different)
D'VAR TORAH WAS GIVEN BY: TOPIC OF THE D'VAR TORAH (Short description):
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SIGNATURE OF STUDENT:
SIGNATURE OF PARENT:
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