

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):

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT: _____

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