

Shabbat Morning Honors

SATURDAY, (date): _____

B. MITZVAH OF: _____

HEBREW NAME: _____ ben/bat/bet _____ v' _____
(circle one)

Torah Passing (Parents, Grandparents):

Aliyah 1: **Community Member (pre-assigned by Temple)**

Aliyah 2:

Aliyah 3:

Aliyah 4: *(Typically includes parents)*

Aliyah 5: **B. Mitzvah Student**

In-Person Services Only:

Hagbah (Lifting of Torah*): _____

*please note that this person will then sit on the *bima* during the Haftarah reading.

Gelilah (Dressing of Torah): _____

Peticha 1 (Ark opening, beginning of Torah service):

Peticha 2 (Ark opening, end of Torah service):

USHERS (Should be 2 Temple Micah Adults, and 2-3 Machon Micah classmates):

PLEASE SUBMIT THIS FORM TO THE OFFICE NO LATER THAN 10 DAYS BEFORE THE BAR/BAT MITZVAH DATE.