



# Manetto Hill JEWISH CENTER

RABBI NEIL SCHUMAN  
Spiritual Leader

RUTH KRAVIT MSDE  
Education Director

## Bar/Bat Mitzvah Kiddush Order Form

Child's Name: \_\_\_\_\_

Date of Bar/Bat Mitzvah: \_\_\_\_\_

Color of Bima Flowers: \_\_\_\_\_ Color of Ribbon: \_\_\_\_\_

Inscription on Sheet Cake: \_\_\_\_\_

Flavor of Cake: \_\_\_\_\_ Vanilla (Yellow Cake) \_\_\_\_\_ Chocolate

Flavor of Filling: \_\_\_\_\_ Chocolate Fudge \_\_\_\_\_ Vanilla Buttercream \_\_\_\_\_ Chocolate Buttercream  
\_\_\_\_\_ Cherry \_\_\_\_\_ Blueberry \_\_\_\_\_ Apricot

Frosting Choices: \_\_\_\_\_ Fudge \_\_\_\_\_ Vanilla Buttercream \_\_\_\_\_ Chocolate Buttercream

Cake to be served: Friday Night \_\_\_\_\_ OR Saturday Morning \_\_\_\_\_

Fruit to be served: Friday Night \_\_\_\_\_ OR Saturday Morning \_\_\_\_\_

Expected Number of Guests: Friday Night \_\_\_\_\_ Guests Expected  
Saturday Morning \_\_\_\_\_ Guests Expected

Extended Kiddush/Luncheon: \_\_\_\_\_ NO \_\_\_\_\_ YES (IF YES PLEASE PROVIDE CATERER INFORMATION)

Contracted Caterer Selected: \_\_\_\_\_

APPROVED CATERER FROM PANEL                      NAME                      PHONE NUMBER    (MEAT / PAREVE / DAIRY)

Allergy/Dietary Considerations: \_\_\_\_\_

**PLEASE RETURN THIS FORM NO LATER THAN 1 MONTH PRIOR TO YOUR MITZVAH DATE TO:**

Manetto Hill Jewish Center  
244 Manetto Hill Road, Plainview, NY 11803  
ATT: BAR/BAT MITZVAH

For any further questions and/or concerns, please contact the Synagogue office at (516) 935-5454,  
or contact via e-mail [mhjcoffice@gmail.com](mailto:mhjcoffice@gmail.com) use *Bar/Bat Mitzvah Kiddush Form* in SUBJECT LINE  
You may be directed to the Bar/Bat Mitzvah Committee Chairperson