



Havurah Application

Member Name: _____ Member Name: _____
 Email: _____ Email: _____
 Birthday: Mo. _____ Day _____ Year _____ Birthday: Mo. _____ Day _____ Year _____
 Occupation: _____ Occupation: _____
 Work Phone: _____ Work Phone: _____
 Home phone: _____ Address: _____

Childrens' Names	Birthday (M/D/Y)	Age	Sex	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I/We prefer to be in a Havurah with (Check as many as apply):

Singles w/ children (0-6 yrs)
 Couples w/ children (0-6 yrs)
 Adult Couples
 Singles w/ children (7-12 yrs)
 Couples w/ children (7-12 yrs)
 Adult Singles
 Singles w/ children (teens)
 Couples w/ children (teens)
 All ages

Please check the things you would like to do with a Havurah (check as many as apply, min. 3):

Holiday celebrations
 Shabbat Celebrations
 Community Service
 Dinner
 Religious Study
 Cultural Programs
 Current Event Discussion
 Jewish Book Discussions
 Attending Services
 Outdoor Activities
 Create an extended family
 Movie/Theater

Do you keep Kosher (in home and/or out of home)? _____

Would you be willing to host a meeting in your home? Yes _____ No _____

What other things can you tell us that would help us place you in a Havurah that matches your interests (i.e. Jewish interests, community involvement, sports, hobbies)?

Other STS families that you are interested in being with in a Havurah:
