

Havurah Application Form

Names of adults:

Age group

Under 30 ___ 31-40 ___ 41-50 ___ 51-60 ___ 61-70 ___ over 70 ___

Address _____

City _____

Home phone _____

Work phone _____

Email #1 _____

Email #2 _____

Names of children:

1. _____ age ___ gender

2. _____ age ___ gender

3. _____ age ___ gender

Interests:

Would you rather be placed in groups of:

___ adults close to your age

___ adults with similar interests

___ families with children of similar age

___ interfaith families

Would you like to be in a Havurah with:

___ singles ___ families ___ couples

___ adults ___ seniors

We would like to be in a Havurah with the following people (and others)

What would you like to see your Havurah emphasize if anything? (i.e. social activities, religious activities, etc)

Thank you for your time and interest in this project
Please drop this application off at the synagogue office or mail to:

Judy Young
210 Plush Mill Rd.
Wallingford, Pa.19086