

Havurah Interest Form

If you would like to be a *havurah* member please print, complete, and mail this form to the office.

Tikvat Israel Congregation, c/o Amy Matathias
2200 Baltimore Road
Rockville, MD 20851

| | Names: | Age |
|-----------|--------|-------|
| Adults: | _____ | _____ |
| Children: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Contact information:

Street address _____
City _____
Zip code _____
Phone number _____
Email address _____

Check the items that best describe the type of *havurah* that you would enjoy most.

Would you like activities that are: (check all that apply)

_____ For adults and children (families)
_____ For couples only
_____ For yourself only
_____ For single parent families

How often would you like to meet?

_____ Every other week
_____ Once a month
_____ Every other month
_____ On Jewish holidays
Other: _____

Would you like activities that include: (check all that apply)

- Shabbatons
- Pot luck dinners
- Holiday celebrations
- Book club
- Religious study
- Religious observance
- Gourmet dinners in homes or restaurants
- Visits to plays, movies.....
- Participating in sports (bowling, skating....)
- Learning, listening, and/or singing Jewish music
- Other: _____

What age range of adults would you prefer? (check all that apply)

- Under 30
- 30-50
- 40-60
- Over 60
- No preference (all ages are okay)

What age range of children would you prefer in your *havurah*? (check all that apply)

- Infant to 5 years old
- 5-10 years old
- 10-15 years old
- Over 16 years old
- No preference (all ages are okay)

Any other comments: