



Name: _____

Date of event: _____

Entrance Y N Whom _____

Motzi Y N Whom _____

Toast Y N Whom _____

Candle Lighting

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Notes: