



Chavurah Questionnaire

Date: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: __ Zip: _____ City: _____ State: __ Zip: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Email: _____ Email: _____

_____ I / we are interested in joining a Chavurah, please contact me / us

I / we prefer to join:

_____ A Singles Chavurah

_____ A Couples Chavurah

The most appealing aspects of being in a Chavurah are:

__ Friendship and social activities

__ Learning / discussions about Judaism

__ Holiday celebrations

__ Study

__ Political / Social issues

__ Other _____

I know some people with whom I would like to form a Chavurah. They are:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

_____ I / we would be willing to help with some of the initial steps of forming a Chavurah - such as hosting the first meeting.

_____ I / we are not interested at this time

Please return this form to:

Idele Kaplan

or

Maureen Sigal

Phone: ~~804-5758~~

Phone: 685-6431

Email: bassett4@cox.net

Email: reenlv@cox.net

(702) 806-0821

We will be at services or

mail to: Temple Bet Emet

P.O. Box 371325

Las Vegas, NV, 89137-1325