

# CHUSY REGION - KINNUS 2005 SERVICE PARTICIPATION FORM

Name \_\_\_\_\_

\_\_\_\_\_

Chapter \_\_\_\_\_

\_\_\_\_\_

Phone #

Grade \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Please circle accordingly: Cohen   Levi   Israel

All USY *t'filot* (services) are youth lead and we strongly encourage your participation!

Please indicate by circling below if you'd like to lead or learn a particular aspect of services and rituals.

***I can lead   or   I'd like to learn***

\_\_\_\_\_ Hamotzi

\_\_\_\_\_ Birkat Hamazon

\_\_\_\_\_ Gabbai

\_\_\_\_\_ Aliyah

\_\_\_\_\_ Kabbalat Shabbat

\_\_\_\_\_ Shabbat Ma'ariv

\_\_\_\_\_ Friday Night Kiddush  
Kiddush

\_\_\_\_\_ Shabbat Shacharit

\_\_\_\_\_ Torah Service

\_\_\_\_\_ Read Torah

\_\_\_\_\_ Chant Haftorah

\_\_\_\_\_ Shabbat Musaf

\_\_\_\_\_ Hagbah (Lift Torah)

\_\_\_\_\_ G'lilah (Bind Torah)

\_\_\_\_\_ Weekday Shacharit

\_\_\_\_\_ Weekday Mincha

\_\_\_\_\_ Weekday Ma'ariv

\_\_\_\_\_ Shabbat Morning

\_\_\_\_\_ Shabbat Mincha

\_\_\_\_\_ English Reading

\_\_\_\_\_ Candle Lighting

\_\_\_\_\_ Havdalah

