

# Kisseh Shel Eliahu G'mach Reservation Form

*Please complete this form and mail it to:*  
Lubavitch Chabad of Skokie,  
4059 Dempster St, Skokie IL 60076

## Personal Info

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Date/Time of Bris: \_\_\_\_\_ Location of Bris: \_\_\_\_\_

Name of Mohel: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact On Day of Bris

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

## Credit Card Info

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date (M/YY): \_\_\_\_\_ CVN: \_\_\_\_\_

I understand that my card will be charged by Olympia Relocation Inc.

I would like to make a donation of \$ to Lubavitch Chabad.

I understand that if the chair is damaged or destroyed, I may be charged an additional amount on my card.

I understand that if the bris is late, and the movers need to be on site for more than two hours, I may be charged for another hour.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_