



If you have children, please complete this section:

Child's Name

Age / Gender

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ABOUT YOUR HAVURAH COMMUNITY PREFERENCES**

What type of group do you feel is the best fit for you/your family?

\_\_\_\_\_ Singles

\_\_\_\_\_ Families with children/teens (includes both parents; will be grouped by age of children)

\_\_\_\_\_ Newly Married (less than 2 years)

\_\_\_\_\_ Empty Nesters (children are away at school/out of the house)

Would you be willing to be part of a havurah if some of its members live outside the Port Washington/Manhasset vicinity?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

I don't see it listed, but here is the type of havurah community I/we are interested in:

\_\_\_\_\_

Are there other synagogue members who you would like to be part of your havurah?

\_\_\_\_\_

**YOU'VE COMPLETED THIS FORM—NOW WHAT?**

1. Please mail or drop off your completed form at the Main Office at TBI or email it to [lnaiburg@tbiport.org](mailto:lnaiburg@tbiport.org)
2. A member of the Havurah Committee will contact you shortly.