



Pirchei Agudas Yisroel of America

SEMI-ANNUAL HASMADAH PROGRAM

Sponsored by The Rabbi Joshua Silbermintz Memorial Fund

«Yeshiva»

«Contact»

«Address»

«City» «State» «Zip»

The following must be completed legibly. Entry blanks must be completed to be considered.

First Name: _____

Last Name: _____

Phone Number: _____

Age: _____

Grade: _____

THE FOLLOWING IS A RECORD OF HOURS THAT I LEARNED EACH DAY DURING MY SUKKOS VACATION:

Thursday October 1 st .	_____	יג' תשרי	Wednesday October 7th	_____	ג' חול המועד
Friday October 2 nd	_____	יד' תשרי	Thursday October 8th	_____	ד' חול המועד
Shabbos October 3 rd	_____	א' סוכות	Friday October 9 th	_____	הושענא רבה
Sunday October 4 th	_____	ב' סוכות	Shabbos October 10 th	_____	שמיני עצרת
Monday October 5 th	_____	א' חול המועד	Sunday October 11 th	_____	שמחת תורה
Tuesday October 6 th	_____	ב' חול המועד	Monday October 12 th	_____	אסרו חג

Total Hours Learned: _____

Parent's Signature: _____

ALL
PARTICIPANTS
WILL RECEIVE
A PRIZE!



Registration Forms must be received in our office by Monday Oct. 19' אי' דראש חדש מר חשוון
Mail to: Pirchei Agudas Yisroel, 42 Broadway, New York, NY 10004 | Email: paihasmodo@agudah.org