



I'tikaf Registration Form

Year: _____

Name: _____

Address: _____

Telephone #: Home: _____

Cell: _____

Email: _____

Emergency contacts name and phone number:

Contact 1: _____ Relation to you: _____

Contact 2: _____ Relation to you: _____

Driver's License- Please attach copy

Any health conditions? Yes / No

Please also complete I'tikaf Registration: Health Form if you have health conditions.

I acknowledge that I have read and understood the aforementioned rules and agree to be bound by its terms and conditions.

Signature: _____ Date: _____



Please note: It is your responsibility to keep the masjid clean and treat the facility with respect and with as much, or better care than your home. The masjid is not responsible for lost or stolen valuables.

I'tikaf Registration: Health Form

Year: _____

Name: _____

DOB: _____

Health Conditions:

Please List:

1.

2.

3.

4.

More:



Medications (include dosage and schedule):

1. _____

2. _____

3. _____

4. _____

5. _____

More: _____

Name of primary physician & contact number:

Preferred Hospital: _____

Is there any other health information you wish to add in case of an emergency?

Is there any other information you believe may be important for us to know in relation to I'tikaf or health?

****PLEASE NOTE: For the sake of confidentiality, please provide this form along with an envelope clearly marked with your name once you have reviewed the filled out form. Once we have reviewed your form we will place it in a sealed envelope for the duration of I'tikaf. At the end of the I'tikaf period, please request to pick up this envelope so you can take the information with you. Jazakallah Khair!***