



ISLAMIC FOUNDATION OF TORONTO

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I'TEKAAF REGISTRATION

I intend to stay in the Masjid (*Islamic Foundation of Toronto*) for I'tekaaf from _____
yy/mm/dd

to _____ Number of nights? 10 Other _____
yy/mm/dd

I am 18 years and or older. Please register me for this purpose. My particulars are given below:

Address & Personal Information

Please fill In CAPITAL LETTERS

Last name _____ First name _____

Age _____ Health card # _____ - _____ - _____

Street _____ Unit# _____

City _____ Province _____ Postal code _____

E-mail _____

Phone# _____ - _____ - _____ ext. _____ Cell# _____ - _____ - _____

Emergency Contact Numbers

Please fill In CAPITAL LETTERS

1. _____
Last name First name

Phone# _____ - _____ - _____ ext. _____ Cell# _____ - _____ - _____

2. _____
Last name First name

Phone# _____ - _____ - _____ ext. _____ Cell# _____ - _____ - _____

Medical Conditions

Please write clearly!

Islamic Foundation of Toronto must be informed and made aware of any medical conditions. Please use the space below to list them. (use extra sheet if necessary)
