



Islamic Center of Greater Toledo
REGISTRATION FORM
29th Annual Youth Recognition Dinner
Thursday, May 12, 2011 - 6:00 p.m.



Graduate's Information

Graduate's Name: _____ Cell: (____) _____ - _____
 Address: _____
Street City State Zip code
 Home Phone #: (____) _____ - _____ Email: _____

Name of **high school or college** you are graduating from: _____

Photograph enclosed: Yes No What men's size sweatshirt do you wear (XS – XXXL)? _____

Parents' Information

Father's Name: _____ Cell #: (____) _____ - _____
 Mother's Name: _____ Cell #: (____) _____ - _____

Academic Achievements/Special Interests

Future Plans

Please mail this completed form to: Islamic Center of Greater Toledo Attn: Religion & Education Committee 25877 Scheider Rd. Perrysburg, OH 43551	Tickets are \$12.00/Person Number of tickets..... _____ Tables (8 seats) can be reserved Amount enclosed..... \$ _____ <i>Reserve _____ table(s) for me, please.</i>
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If you have any questions, call or e-mail:
 Cherrefe Kadri 419-693-0860 email: cakadri@sbcglobal.net
 Aneesa Shaheen, ICGT Secretary 419-874-3509 email: a.shaheen@icgt.org

All information must be submitted by **April 4, 2011**. Otherwise, we will not be able to recognize the graduate in our program or in the book.

***** Thank you for your support of the Youth Recognition Dinner *****