



I'TIKAAF REGISTRATION FORM

Name: _____ Age: _____

Email: _____ Phone: _____

Address: _____

IAS Member: Yes No If not, Member reference name: _____

I'tikaaf Start Date: _____ I'tikaaf End Date: _____

If applicant is 18 years old or younger, please fill the following Parent/Guardian information:

Name: _____ Phone: _____

Signature: _____ Date: _____

If applicant is 19 years old or older, please fill the following Emergency Contact information:

Name: _____ Phone: _____

Rules, Regulations, and Commitment

- Applicant under the age of 16 without Parent/Guardian supervision cannot apply for I'tikaaf.
- Applicant under the age of 16 must be supervised at all times by their Parent/Guardian.
- I will keep the Masjid clean at all times.
- I will not disturb others who are in I'tikaaf and Musallees
- I will not damage any of the Masjid's belongings.
- Islamic Association of Saskatchewan (Saskatoon) Inc. or its Board of Directors shall not be held liable for any loss, damage or personal injury during my stay in the Masjid.
- All the information provided is correct and to the best of my knowledge.

Signature: _____

Date: _____

Please submit filled form in the main office of IAS or to any Board Member