



Islamic Center of Greater Toledo

REGISTRATION FORM

38th Annual Youth Recognition Dinner

Friday, May 29, 2020 - 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: _____

Name of **college or university** you plan to attend: _____

Photo enclosed/attached? Yes No What men's size sweatshirt do you wear (XS – XXXL)? _____

What name/nickname would you like on the shirt? _____

Parents' Information

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

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

Academic Achievements/Special Interests

Empty box for academic achievements and special interests.

Future Plans

Empty box for future plans.

Please mail this completed form to:

Islamic Center of Greater Toledo
Attn: Religion & Education Committee
25877 Scheider Rd.
Perrysburg, OH 43551

Or fax to: 419-874-9123

Tickets are \$15.00/Person

Number of tickets..... _____

Tables (8 seats) can be reserved

Amount enclosed..... \$ _____

Reserve _____ table(s) for me, please.

If you have any questions, call, text or e-mail:

Rowaida Smidi-Darwich (cell)..... 419-936-4044

Cherreffe Kadri (cell).....419-283-5315

Aneesa Shaheen, ICGT Secretary 419-874-3509

email: rsmidi-darwich@hotmail.com

email: cakadri@sbcglobal.net

email: a.shaheen@icgt.org

All information must be submitted by **May 1, 2020**. Otherwise, we will not be able to recognize the graduate in our program or in the program book.

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