



# Muslim Community Organizer Family Retreat

Friday to Sunday, July 10 to 12, 2009  
4-H CAMP OCALA  
18533 NFS 535 Altoona, FL 32702

## REGISTRATION

Use ONE Registration form per family.  
Please print carefully so our staff can register your family correctly

### GUARDIAN NAME

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Family Members (Spouse & Children)

1. _____	(Spouse) Age _____	Gender _____
2. _____	Age _____	Gender _____
3. _____	Age _____	Gender _____
4. _____	Age _____	Gender _____
5. _____	Age _____	Gender _____

Registration Fee \$100 per person - \$75.00 per youth (6-16yrs) - Under 6 yrs Free

CHECK \$ \_\_\_\_\_ is enclosed payable to **"ICNA"**

CHARGE: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ AMEX

CARD Holder Name \_\_\_\_\_

CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP \_\_\_\_\_/\_\_\_\_\_  
I agree to pay the above total amount according to the card issuer agreement.  
MM YY

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Office use only**

Fee paid  Yes  No

Registration  Confirmed  Waiting

Signature \_\_\_\_\_



Organized by:  
Sponsored by:  
Information:

ICNA Southeast  
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