



**Islamic Center of Greater Toledo**  
**REGISTRATION FORM**  
**28<sup>th</sup> Annual Youth Recognition Dinner**  
**Thursday, May 13, 2010 - 6:30 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**

\_\_\_\_\_

**Future Plans**

\_\_\_\_\_

Please mail this completed form to: <b>Islamic Center of Greater Toledo</b> <b>Attn: Religion &amp; Education Committee</b> <b>25877 Scheider Rd.</b> <b>Perrysburg, OH 43551</b>	<b>Tickets are \$12.00/Person</b> 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](mailto:cakadri@sbcglobal.net)  
 Aneesa Shaheen, ICGT Secretary ..... 419-874-3509 email: [a.shaheen@icgt.org](mailto:a.shaheen@icgt.org)

All information must be submitted by **April 24, 2010**. 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 \*\*\***