

In the Name of Allah, the Gracious, the Merciful

Ahmadiyya Muslim Jama`at Canada

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34th Jalsa Salana Canada 2010

(July 2, 3 & 4, 2010)

Registration Form

Instructions:

1. To avoid delay please fill out the form completely
2. The completed form must be verified by your Jama`at President / Missionary
3. You may fax this form on Fax # 905-832-3220.
4. Please inform us of any change in your plans.

Your Member Code: Issued by: Canada USA Other _____

Last Name: _____ First: _____ Middle _____

Jama`at (Branch): _____ Tanzeem: Ansar Khuddam Lajna

Address: _____

City: _____ Province / State: _____

Postal / Zip Code: _____ Country: _____

Telephone:

Home: () ____-____ Work: () ____-____ Email: _____@_____

Mobile: () ____-____ Fax: () ____-____

Family members/friends traveling with you: *(See box below for non-Ahmadi Guests)*

Member Code	Last Name	First Name	Tanzeem	Relation

Non-Muslim / Non-Ahmadi guests traveling with you:

Last Name	First Name	Address / Telephone

Travel

Your schedule arrival date:
 Day Month Hour Minute AM PM

Your schedule departure date:
 Day Month Hour Minute AM PM

Traveling by:

- Car** License Plate # _____ Province / State: (Optional) _____
- Bus** Bus # _____ Terminal: _____ Boarding at: _____
- Train** Train # _____ Boarding at: _____
- Air** Arrival Flight # _____ Airline: _____ Terminal: _____
 Depart. Flight # _____ Airline: _____ Terminal: _____

Do you require transportation? On Arrival On Departure

Do you require handicap parking? (Please attach a copy of government issued permit)

Accommodation

Where will you be staying?

Family: _____
 Phone: _____ Address: _____

Hotel / Motel: _____
 Phone: _____ Address: _____

Is the above confirmed? Yes No

Would you like the Jama`at to arrange for your stay? Yes No

If you would like to stay in hotel, would you prefer a hotel close to International Centre? Yes No

If you have chosen hotel accommodation, then payment enclosed? Yes No

Do you have any special accommodation needs? _____

Signature: _____ Date: _____

Verification by your Missionary or Local Jama`at President:

Name: _____ Signature: _____ Date: _____