

YOUTH ISLAMIC CAMP 2017

Registration Form

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|--|-----------------------------|--------|--|
| Student's Name: | | | |
| Father's Name: | | | |
| Age: | | Class: | |
| Tel (Res.): | | | |
| Cell #: | | | |
| E-mail: | | | |
| Residential Address: | | | |
| Dated: _____ | Applicant's signature _____ | | |
| <u>FOR OFFICE USE</u> | | | |
| Fees (Rs.): _____ | | | |
| Dated: _____ | Sign. Accountant: _____ | | |
| <u>YOUTH ISLAMIC CAMP 2017</u> <i>Student's Copy</i> | | | |
| Fee (Rs.): _____ | | | |
| Dated: _____ | Sign. Accountant _____ | | |