

Universal L.I.F.E. Retreat
Thursday July 23rd – Sunday July 26th, 2009

REGISTRATION FORM (Please Print clearly)

Cost: \$220 (May be lowered)

Contact Information

Name (full): _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-mail Address: _____

Age: _____

Medical Information

Please list any health conditions that may be of concern:

Please list any medications that are taken on a regular basis and / or any allergies:

Please list any accommodations that will need to be made:

Emergency Contact

Name: _____ Cell Phone number: (____) ____ - ____ Relationship: _____

Guardian for entire retreat (for attendees ages 15 - 17):

Name: _____ Cell Phone number: (____) ____ - ____ Relationship: _____

I agree to be the guardian for _____ for the Universal LIFE '09 retreat. I will take full responsibility for this individual and his / her actions.

Name: _____

Signature: _____

1.) Please tell us what you hope to achieve from this retreat?

2.) Please tell us what topics you would like to hear about?

3.) Any comments / concerns?

Cost: To have your seat reserved for this retreat you must put a deposit of \$50 no more than two weeks after this registration form has been turned in. The rest of the final cost (remaining \$170) must be turned in no later than two weeks prior to the retreat departure date (Friday, July 10th, 2009).

Code of Conduct

While I am on the Universal LIFE retreat I will maintain Islamic conduct at all times, including moral behavior and Islamic dress code. (While in mixed gender groups) sisters must wear hijab at all times and brothers are not permitted to wear tank tops.

All attendees must participate in all group activities (i.e. congressional prayer, lectures / discussions, group functions, etc.)

I hereby agree to abide by the rules and guidelines set forth in this document. Any person who violates any of the above after warning may be removed from the retreat and picked up by his or her parent/guardian. I understand that any violation of the above will result in disciplinary action at the discretion of Universal LIFE.

Name of Attendee (please print) _____

Signature of Attendee

Date

Parent Signature (if under 18)

Date

Disclaimer: AICC and Universal LIFE are not in any way responsible for any injuries or lost or damaged property.

Any questions / comments / concerns:

(Brothers) Yousef Abbass = (248) 312-8205

(Sisters) Laura Fawaz = (248) 933-1479

yousef724@hotmail.com

LauraFawaz@ulifeonline.org