



Milton Keynes Islamic and Cultural Association

Youth Club Registration Form		
Title:	First Name:	Surname:
DoB:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		
Post Code:	Home Tel:	Mobile:
Email:		
Full Name of Parent/Guardian		
Mobile:	Email:	
Declaration I _____(Insert Name) hereby give consent for my son/ daughter/ward to attend the Al-Rawdha youth Club		
Date:	Signature:	