



Date: _____ Hajj _____ Number of Persons: _____ Package description: _____

Hajji's Last Name: _____ Select your Package^

First/Middle: _____

Sex _____ Age _____ USA Resident Status _____

Address:	
City/State/Zip:	
Telephone#:	
Cell#	
Email:	
Emergency Contact: Name: Phone Number:	

Additional Hajji's NAME's: Use this Format: First Middle Last	AGE	SEX	USA Resident Status
2.			
3.			
4.			
5.			

Deposit Now \$1,600 Per Person

Balance within 60 days / Non - Refundable

Make Checks Payable To: **Yaseen Hajj & Umra**