



JIC ITIKAF 2026 FORM

2380 TEDLO STREET, MISSISSAUGA, ONTARIO, CANADA, L5A 3V3
905-279-3040 | WWW.JAMIAISLAMIA.ORG

FORM #:
DATE:

THIS FORM WILL BE ONLY BE ACCEPTED IN PERSON

INFORMATION:

REGISTRATION IS NOT GUARENTEED

FULL NAME:		

DATE OF BIRTH:		

ADDRESS:	CITY:	POSTAL:
_____	_____	_____
CELL:	EMAIL:	
_____	_____	
CELL #:	EMAIL:	LANGUAGE:
_____	_____	_____

EMERGENCY CONTACT:

EMERGENCY CONTACT FULL NAME:	

CELL:	EMAIL:
_____	_____
MEDICAL CONDITIONS:	

ITIKAF INFORMATION:

NUMBER OF DAYS:	<input type="checkbox"/> FULL 10 DAYS \$ 150	<input type="checkbox"/> NAWAFUL # DAYS: \$ 15 / Day	ARRIVAL DATE: _____
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CODE OF CONDUCT & MOON SIGHTING POLICY:

Jamia Islamia Canada prioritizes applicants who intend to complete the full ten (10) days of Itikaf. Preference will be given to those committed to performing Itikaf for the entire duration as announced by the Masjid. All participants must strictly follow the rules and guidelines established by Jamia Islamia Canada throughout the period of Itikaf

By registering and performing Itikaf at JIC, you agree to follow the official moon sighting announcements made by the Masjid, including the determination of the beginning and end of Ramadan and the day of Eid.

Individuals who previously left their Itikaf due to following alternative moon sighting announcements will not be considered for registration this year. Failure to adhere to JIC policies may result in removal from the Itikaf

LIABILITY WAIVER & PARTICIPANT:

By participating in Itikaf at Jamia Islamia Canada, you acknowledge and agree that Jamia Islamia Canada, its board members, staff, and volunteers shall not be held liable for any lost, stolen, or damaged personal property, nor for any injury, illness, incident, or unforeseen circumstance occurring on the premises during Itikaf.

Itikaf fees must be paid in full prior to attendance. Registration is not confirmed until payment is received.

Meals may be provided for participants. Jamia Islamia Canada is not responsible for any food-related reactions or health incidents. Participants are solely responsible for informing staff in advance of any allergies, dietary restrictions, or medical conditions. The Masjid may not be able to accommodate all medical or personal needs.

By signing below, you acknowledge that you have read, understood, and agreed to the above terms.

FULL

NAME:

DATE:

SIGNATURE:

OFFICE USE ONLY

PAID:

DATE:

PAYMENT TYPE:

JIC WILL CONTACT YOU ONCE REGISTRATION IS APPROVED
COMPLETION OF THIS FORM DOES NOT GUARENTEE ENROLLMENT