

Registration Form
Due Date: June 1, 2012

Name: _____

Address: _____ Apt: _____

City: _____

State: _____ Zip Code: _____ Country: _____

E-Mail: _____

Phone Number: _____

Number of Adults: _____ Number of children: _____

Ticket Prices: Friday: \$50.00 Saturday: \$50.00 Sunday: \$25.00

Saturday Meal: Choice of sirloin steak _____, chicken marsala _____, or stuffed pork chop _____.

Children under 10 (if ordering from the children's menu) are \$20.00 per meal.

Children 6 and under are free of charge and may order a child's meal.

Please indicate the number of children's meals by each selection:

Friday's dinner: chicken fingers & French fries _____.

Saturday's dinner: spaghetti & meat balls _____.

Sunday breakfast is \$20.00 with the same items as the adult breakfast buffet.

Amount Enclosed: _____

Please make checks payable to Saidnaya Reunion, Inc. and mail with registration form to:

Mary Shaheen

821 Covell NW

Grand Rapids, MI 49504 USA

Saturday Program

Will your child be participating in the Children's Program: Yes: _____ No: _____

Number of children participating: _____ Ages: _____

Will your family be participating in any of the cultural events: Yes: _____ No: _____

Please check all that apply:

_____ Women's Dance Seminar: Number participating: _____

_____ Derbudka Class: Number participating: _____

_____ Arabic Alphabet Class: Number participating: _____

_____ Understanding Arabic Music: Number participating: _____