



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 \$2,000 Per Person (Non - Refundable)

Balance within 60 days / Non - Refundable

Make Checks Payable To: **Yaseen Hajj Umra INC.**

<http://www.Yaseenhajjumrah.com>