MID-HUDSON ISLAMIC ASSOCIATION

Masjid Al-Noor, 125 All Angels Hill Road Wappinger Falls, NY 12590 (845) 297-0882 www.mhiawappingers.org

OVERNIGHT GUEST APPLICATION

PLEASE PRINT LEGIBLY

MHIA welcomes guests who come here to spread the Deen of Allah (SWT) and work hard in fulfilling the Sunnah of our beloved Prophet (PBUH) through Dawah work. We recognize this activity as an essential segment of our beliefs and we sincerely thank our guests for visiting us from outside the local Mid-Hudson area. But given the environment in the past few years, we humbly request our guests to fill out the form below for our records. Please note that MHIA reserves the right to run background checks on any overnight guests who will be teaching or preaching to the congregation in any capacity.

NAME:

LEGAL STATUS										
AMERICAN	PERMANENT	VISA	OTHER:							
CITIZEN	RESIDENT	STATUS:								

	ADDRESS	
STREET ADDRESS:		

CITY: _____ ZIP CODE: _____

OCCUPATION: _____

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							INT	END	ED L	ENG	STH	OF	STA	Y					
ARR	ARRIVAL DATE: DEPARTURE DATE:																		
ЕМА																			
																 		<u> </u>	
Email address: PLEASE WRITE LEGIBLY - ONE CHARACTER PER BOX. Example:																			
m	У	е	m	а	i	I	@	р	r	ο	v	i	d	е	r	с	ο	m	

EACH APPLICANT MUST PROVIDE COPIES OF THEIR DRIVERS LICENSE.

Copy Attached:

I, the undersigned, hereby state and declare that I will abide by all the rules, policies and etiquette of MHIA and furthermore, I will only engage in religious and Dawah activities while being a guest here. I am staying on MHIA premises of our own free will. I will not stay for more than 10 days. I will leave the Masjid premises neat and clean. I will not hold MHIA, its directors, officers, employees or volunteers responsible for any accidents, injuries and/or damages to me or my property, including and without limitation any direct or indirect, special, incidental, or consequential damages. However, my organization will compensate MHIA for any and all damages to MHIA person or property, caused by any member of our party.

WE WILL NOT BE ENGAGING IN ANY FUNDRAISING ACTIVITIES WHILE VISITING MHIA.

NAME: _____ DATE: _____

SIGNATURE: