



# Islamic Society of Cumberland

www.masjidbikal.org

4509 Innes Road Orleans, Ontario K4A 3J7 (613) 841-0786

## EVENT/ACTIVITY REQUEST FORM

PLEASE PRINT CLEARLY:

1. PERSON'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: HOME: (    ) \_\_\_\_\_

CELL: (    ) \_\_\_\_\_

BUSINESS: (    ) \_\_\_\_\_

FAX: (    ) \_\_\_\_\_

2. NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: HOME: (    ) \_\_\_\_\_

CELL: (    ) \_\_\_\_\_

BUSINESS: (    ) \_\_\_\_\_

FAX: (    ) \_\_\_\_\_

3. TYPE OF ACTIVITY:

Halaqa/Dars (Please Explain) \_\_\_\_\_

Social Event (Please Explain) \_\_\_\_\_

Meeting or Workshop (Please Explain) \_\_\_\_\_

4. LIST ANY SPEAKERS AT THE EVENT/ACTIVITY (IF ANY):

NAMES/ADDRESS: \_\_\_\_\_

TEL: HOME: (    ) \_\_\_\_\_

CELL: (    ) \_\_\_\_\_

5. DAY (S) OF USE: \_\_\_\_\_

(FRI / SAT / SUN / MON / TUE / WED / THU)

DATE (S) OF USE: \_\_\_\_\_

Month / Date / Year

                

6. TIME OF USE: FROM: \_\_\_\_\_ A.M. / P.M

TO: \_\_\_\_\_ A.M. / P.M

7. EXPECTED NUMBER OF ATTENDEES: \_\_\_\_\_

8. AREA TO BE USED:     Brother Side       Sister Side

Mezzanine       Kitchen

Basement

9. APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

By signing this contract I hereby acknowledge my understanding and acceptance of the Terms and Conditions printed on the second page of this form.

Note: Please note that organizer is responsible for the cleanup after the activity. The Shura reserves the right to reject the event/ activity, in the best interest of the society. The Shura will require one (1) week confirming the booking.

Please see guidelines for RULES and TERMS.

OFFICIAL USE ONLY

CONFIRMED

REJECTED

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_