



In the Name of Allah, the Most Beneficent, the Most Merciful
Muslim Society of Waterloo and Wellington Counties

EVENT/ACTIVITY REQUEST FORM

PLEASE PRINT:

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/Darss (Please Explain) _____

Social Event (Please Explain) _____

Meeting or Workshop (Please Explain) _____

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

NAMES: _____

TEL: HOME: () _____

CELL: () _____

5. DAY (S) OF USE: _____
 (FRI / SAT / SUN / MON / TUE / WED / THU)

DATE (S) OF USE: _____
 Month / Date / Year

Daily Weekly Bi-weekly Monthly

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

Upstairs Hall Main Hall Down Stair

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 Management/Religious Committee reserves the right to reject the event/activity, in the best interest of the society. Management/Religious Committee will require one (1) weeks to confirmed the booking. Please see guidelines for RULES and TERMS.

OFFICIAL USE ONLY

CONFIRMED

REJECTED

SIGNATURE: _____

DATE: _____

COPY 1. APPLICANT

COPY 2. CARE TAKER

COPY 3. OFFICE