

ISLAMIC ASSOCIATION OF SUDBURY

755 CHURCHILL AVE, SUDBURY, ON P3A 4A1

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APPLICATION/ PERMIT FOR THE USE OF MOSQUE/ISLAMIC CENTER

DATE OF APPLICATION/PERMIT _____
NAME OF INDIVIDUAL/ ORGANIZATION _____
ADDRESS _____ POSTAL CODE _____
TELEPHONE NUMBER _____
NAME OF THE PERSON IN CHARGE. SAME AS ABOVE
NAME _____ ADDRESS _____
POSTAL CODE _____ PHONE NUMBER _____

REASON FOR USING THE FACILITY _____

DATE REQUIRED _____
STARTING TIME _____ ENDING TIME _____
NUMBER OF PEOPLE EXPECTED _____
TYPE OF USAGE:
MOSQUE RELATED REGULAR USE OCCASIONAL USE
COMMUNITY USE PRIVATE GROUP OR INDIVIDUAL USE

FACILITIES REQUIRED	HONORARIUM/FEE	EQUIPMENT NEEDED	HONORARIUM/FEE
BASEMENT HALL		CLEANUP	
ACTIVITY HALL		COFFEE / TEA	
MOSQUE AREA		USER SUPPLIES	
KITCHEN		DAIS	
PARKING		TV / VCR	
OTHER		OTHER	
TOTAL AMOUNT			
LESS DEPOSIT			
BALANCE OWING			

SETUP INSTRUCTIONS : _____

ON CALENDAR: BOOKED BY _____ DATE: _____

I UNDERSTAND THAT 50 % OF THE TOTAL IS PAYABLE AT THE TIME OF THE BOOKING AND ANY BALANCE OWING IS PAYABLE AT LEAST ONE WEEK IN ADVANCE, UNLESS OTHERWISE AGREED UPON. THE UNDERSIGNED UNDERSTANDS AND AGREES TO THE RULES RESPECTING THE USE OF MOSQUE FACILITIES AS OUTLINED ON THE REVERSE SIDE OF THIS APPLICATION.

SIGNATURE OF APPLICANT _____

APPLICATION APPROVED BY : _____

SIGNATURE OF ISLAMIC ASSOCIATION OF SUDBURY'S REPRESENTATIVE:
