# APPLICATION FORM FOR USE OF THE MASJID

The information given on this form will be treated in the strictest confidence. Please complete in BLOCK CAPITALS using black ink.

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: contact details** | | | | | | |
| Full Name: | | | | Position/Role: | | |
| Street Address: | | | | | | |
| Town/City: | | Postcode: | | | | Tel: |
| Email: | | | | | | Mobile: |
|  | | | | | | |
| **Section 2: organisation details** (if applicable) | | | | | | |
| Name: | | | | | | ❑ Not for Profit ❑ Charity  ❑ Corporate ❑ Other |
| Street Address: | | | | | | |
| Town/City: | | Postcode: | | | | Tel: |
| Email: | | | Website: | | | |
| Tel: | Charity Reg. No: | | | | VAT Reg. No: | |
|  | | | | | | |
| **Section 3: BOOKING DETAILS** | | | | | | |
| Describe Proposed Use of Masjid (continue on reverse of this page if necessary): | | | | | | |
| Required Dates & Times: | | | | | | No. of People Expected: |
| Kitchen to be used ❑ Yes ❑ No | | | | | | |
| State contribution you intend to make towards the Masjid: | | | | | | |
|  | | | | | | |
| **Section 4: DECLARATION** | | | | | | |
| I declare that the information given on this form is correct to the best of my knowledge and belief. | | | | | | |
| Signature: | | | | | | Date: |