# 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: |