



EVENT PROPOSAL FORM

Please complete and submit this form. A staff person will contact you to help with your request.

NAME: _____
(Organization or Individual)

PHONE NUMBER: _____ EMAIL: _____

STREET NUMBER: _____ STREET NAME: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

Please indicate which facilities you would like to use:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Masjid | <input type="checkbox"/> Library |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Study Room (next to Masjid) |

PROPOSED DATE(S) OF EVENT: _____

PROPOSED TIME OF EVENT - START: _____ END: _____

EXPECTED NUMBER OF PARTICIPANTS: _____

SPEAKERS: _____ SPECIAL GUESTS: _____

PARTICIPANT FEE/TICKET PRICE YOU WILL CHARGE FOR EVENT (IF APPLICABLE): _____

DESCRIPTION -Please provide a brief description of the event/activity that will take place during your event:

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Office Use Only

Manager Review (Name): _____ Date Reviewed: _____

Notes: _____
