



MULLA ASGHAR MEMORIAL LIBRARY
& ISLAMIC RESOURCE CENTRE

Facilities Usage Agreement Form

User(s)/Organization Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email Address: _____

Contact/Authorized Person Name: _____

Phone Home: _____ Cell: _____

Fax Number: _____

Type of Event: _____

Event Day & Date: _____

Start & end times (includes time needed for set-up and clean-up): _____

Estimated number of guests: _____

Specify Media Requirements:

TV Screen laptop handheld microphone (1 available) speakers

Other Facility Requirements: _____

Signed.

User:

MARC Management.

The user agrees to all the rules and regulations (on the supplementary document) by signing this form.

Signature

Date

For Office Use only:

Payment Amount (if applicable) \$ _____

Paid? Y / N

