



Booking for activity in Leeds Grand Mosque

Contact Details

Organisation name:

Registered Charity:

Name:

Contact telephone number:

Email:

Teacher(s) name if different from above:

CRB numbers:

Course title/ description of activities:

Profit making: Yes/No

Target audience & expected number of attendees:

Commencement date:

Completion date (if applicable):

Occurrence:

One off	Daily	Weekly	Monthly	Other

Insert time required (start and end):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Room required:

Glass room	Upstairs main room	Upstairs side room	Main hall	Basement

Declaration that you will take responsibility for:

1. Cleaning and removal of all rubbish:
2. Fire and safety issues
3. Supervising of children:
4. Breakages:

Signature:

Date: