Please return completed form to:
Email: office@meccharlotte.org
Fax: 877-529-0608
4301 Shamrock Dr.
Charlotte, NC 28215

Muslim Education Center

Table Request Form

1. Name/Organization: _____ Email: _____ Date: _____

2. Address: _____ Phone: _____

      2a. <u>Person in charge of Table</u> (if different from above): _____ Phone: _____

3. Date(s) Requested: _____ (not more than 1 month apart)   ***If recurring*** - Start date: _____ End date: _____

4. Time of day: Begin: _____ End: _____

5. Equipment Needed: □ Tables, how many: _____   □ Chairs, how many: _____   □ AC Outlet

6. Suggested Donation: $_____

7. Please explain items to be sold: _____

<u>**Responsibilities and Guidelines**</u>

The signature on this form designates the acceptance of all responsibilities and the abidance by guidelines as indicated by the MEC main office.

The person/organization requesting the use of the facilities hereby absolves the MEC its leadership, members or people of any liability for personal injury to any individual resulting from the use of the MEC facilities and agrees to be responsible for any property damage that results during the use of the facilities, and to report any damage to the office promptly.

The MEC center reserves the right to cancel the activity in case of any unresolved conflict, disturbance or complain.

It is the responsibility of the group or individual conducting the activity to set up, clean and return the facility to its original condition, which can include by not limited to the following:

1. Collect all garbage and throw it out in the dumpster located by the garage.

2. Clean and wipe off tables. If food or drink is served, wipe all tables using a mild soap and water solution. If stains occur, please notify office so that correct measures can be used to remove stains.

3. Return all tables, chairs, easels and other equipment to their proper places.

4. Remove any items put up on the walls or set out in connection with the activity.

5. Make sure that what is being offered doesn't conflict with what the center is offering.

6. Set your table in a way that doesn't block people traffic flow.

Name: _____

Signature: _____ Date: _____

For Office Use Only:

Approved By: _____   *Date:* _____

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