



ISLAMIC CENTER OF SAN DIEGO

Room Reservation Application

Please fill out this application and submit it to the administrative office. Make sure that you have read and agree to all rules and regulations before signing.

Name of Applicant: _____ Affiliation: _____

Telephone Numbers: () _____ () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Application: _____

Room to be Reserved: _____

Date of Reservation: _____ Time of Reservation: _____

Deposit (\$150.00) Paid: _____ Paid By: Cash Check
(Initials of ICSD Administration)

Reservation Cost (\$200.00) Paid: _____ Paid By: Cash Check
(Initials of ICSD Administration)

By signing, the applicant agrees to the following terms of this contract:

1. The condition of the room will be preserved exactly as it was prior to its use, and all responsibility for any damages that occur during the time of reservation will be claimed by the applicant.
2. No pictures or candles will be brought to the reserved room.
3. Men and women will be separated, and will dress according to the laws of Islam.
4. No food will be brought to the reserved room, unless ICSD Administration notes otherwise.
5. All decorations will be removed, and the room will be returned to its original state prior to the end of the reserved time.

Signature of Applicant: _____ Date: _____

Signature of ICSD Administration: _____ Date: _____