



**AMERICAN MUSLIM DIVERSITY ASSOCIATION**

44760 Ryan Road,  
Sterling Heights, Michigan 48314  
Phone: 586-804-7130

**Over Night Stay Application Form**

Date: \_\_\_\_\_

To

The Board of Trustees  
American Muslim Diversity Association (AMDA)  
44760 Ryan Road  
Sterling Heights MI 48314

AssalamuAlaikum,

This is a request seeking approval for overnight stay in AMDA Masjid.

1. Name of person requesting overnight stay: \_\_\_\_\_

2. Purpose of stay: \_\_\_\_\_

3. Phone number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Dates of overnight stay: from (mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_

7. Member of the AMDA (yes / no)\* \_\_\_\_\_

8. Names of references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

You have my consent to make a background check on me as desired.

Signature: \_\_\_\_\_

**\*The requester has to be a member in good standing. Membership forms are available in the Masjid as well as on AMDA's website ([www.amda.us](http://www.amda.us))**

**This space is for the Management only:**

Date request received: \_\_\_\_\_

Date action taken and communicated to requester: \_\_\_\_\_

Approved/Not approved: \_\_\_\_\_

Approving Authority's Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_