



**AMERICAN UNIVERSITY OF SHARJAH**  
Operations Department  
Commercial Division

**AUS Rental Facility Reservation Form**

**NOTE:** This is a request only. Completing this request does not confirm a reservation. You will be notified in writing when request is confirmed.

**Event Information:**

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Estimated # of Participants: \_\_\_\_\_

Requested location of Event: \_\_\_\_\_

Full Date and time requested (including set up and breakdown): \_\_\_\_\_  
(if multiple dates/times, attach separate sheet)

**Requestor Information:**

AUS	Outside Organization
	Type of organization: ( ) outside public/community Organization ( ) Commercial Organization
Requestor name & position:	Organization Name:
School/Department:	P.O. Box: E-mail address:
AUS ID No (if student):	Phone Number: Fax Number:
Office Ext: Email Address:	Contact Name:
Signature: Date:	Signature: Date:

**School/Department Head approval:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this completed form to the Operations Department at LEAST 30 days prior to the scheduled event on: Tel: 06 5152177 Fax: 06 5585009**

**Operations Department:**

Approved by \_\_\_\_\_  
Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Staff in Charge: \_\_\_\_\_