



AMERICAN UNIVERSITY OF SHARJAH
OFFICE OF STUDENT AFFAIRS
STUDENT ACTIVITIES
Catering Request Form

Today's Date _____

Name of Club /Organization _____

Event title / description _____

Proposed date and timing of the event _____

Place _____

Restaurant name _____

Type of food _____

Restaurant contact person/number _____

Estimated number of students attending the event _____

Approval by Operations Department

Approved Not Approved

Operations Department Staff Name & Signature

