

Facility Reservation Form

Organizer Name		
Event Title		
Purpose of the event		
Rehearsal date and time, if applicable	From _____ To _____	
Event Date	From _____ To _____	
Event Time	From _____ To _____	
Responsible Personnel		
Phone		
Mobile		
E-Mail		
Location <i>(Select with a tick mark)</i>	1. Theatre 2. Amphi Theatre 3. Galleries 4. Mac Labs 5. Computer Labs 6. Lecture Halls 7. Studios	
Material/Equipment/Furniture	<i>(Indicate total number)</i>	
IT Support, if needed	<i>(List the equipment and support needed)</i>	

Administrative Use only

Decision Taken		
Charges		
Payment Mode		
Mr. Mohamed Al Rawahi Administration and Human Resource Manager	Signature	Date
Booked by: Name:	Signature	Date

