

COMMUNITY ROOM RESERVATION REQUEST
351 Main Street | Wakefield, MA 01880
781-224-5425 | email: shsullivan@tsbdirect.bank

NAME OF WAKEFIELD ORGANIZATION: _____

ORGANIZATION'S PURPOSE: _____

INDIVIDUAL SUBMITTING REQUEST: _____

POSITION/TITLE: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION TELEPHONE: _____ FAX: _____

DATE(S) & TIME ROOM NEEDED: _____

EXPECTED DURATION OF MEETING (HOURS): _____

SPECIAL REQUIREMENTS (use reverse if necessary): _____

NUMBER OF EXPECTED ATTENDEES (approximate): _____

IS THIS A RECURRING MEETING? _____

IF "YES", IS REQUEST BEING MADE FOR FUTURE MEETINGS? _____

(Use reverse if additional space is needed for details)

I agree to abide by the guidelines issued by The Savings Bank (which I have reviewed) with regard to the use of the room. I understand that The Savings Bank will approve/disapprove of this request within three business days.

Signature

Date

For Bank Use Only

Approved by: _____

Date: _____