

**COMMUNITY ROOM RESERVATION REQUEST**  
351 Main Street | Wakefield, MA 01880  
781-224-5425 | Fax to 781-224-5300 (attn: "Sheri") or email to [shsullivan@tsbawake24.com](mailto:shsullivan@tsbawake24.com)

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: \_\_\_\_\_