

**REQUEST FOR USE OF ABBYBANK
MEDFORD COMMUNITY ROOM**

Date of Event _____ Start & End Times _____

Organization, Group, or Affiliation _____

Contact _____ Phone _____

Email _____ Alternate Phone _____

Address _____ City, ST, Zip _____

Purpose of Event _____ Number Attending _____

Describe intended use of Community Room _____

Do you intend to serve food? _____ If yes, please describe _____

Do you intend to use projector and screen and/or Blu-Ray player? _____

Do you intend to utilize our 'plug n play' equipment for your laptop? _____

Describe any special requirements/considerations here _____

By signing below, I acknowledge the information shown above to be true. I agree to provide a \$50 refundable deposit. I further agree to clean up after my event and to leave the Community Room in the same order it was in prior to my using it.

Signature

Printed Name

Name of Organization

Date

Bank Use Only

Accepted by AbbyBank Management

Date