

# REQUEST FOR USE OF ABBYBANK APPLETON 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