

Worcester Youth and Family Counseling Services, Inc. Community Room Request Form

Organization _____ Email _____

Best Contact Number: _____

Address _____

City, State, Zip _____

Purpose of Meeting _____

Date(s) Room Needed _____

Number Attending _____

Applicant's name _____ Contact (if different) _____

Address _____ Address _____

Phone(s) _____ Phone(s) _____

Actual meeting times: Start _____ End _____

Preparation & cleanup times: Start _____ End _____

Equipment requested _____

Fee of _____ Collected in full _____ By _____

Steven Taylor, Executive Director

Return this request form to WYFCS, if you have any questions please contact:

Steven Taylor or Lauren Davis

Phone: 410-641-4598

Fax: 410-641-4696

Please read and sign the Community Room Policy Page