



SCHOOL PARTICIPATION FORM

School Name: _____

Principal's Name: _____

Address: _____

Telephone: _____

Fax: _____

School Contact Person: _____

Grades that will participate: _____

Number of classes that will participate: _____

Number of students that will participate: _____

Start Date for "Bank Day" _____

Location for "Bank Day" banking: _____

Day of the week for "Bank Day": _____

Timeframe for "Bank Day": _____

Number of Teaching Manuals: _____

Florence Savings Bank
85 Main Street
Florence, MA 01062
Elaine Massey - Retail Banking Assistant
(413) 587-4733