

ABATE OF FLORIDA, INC
MOTORCYCLE SAFETY AND AWARENESS PROGRAM

,Chapter Booth Presentation Report

Event: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____ Estimated # attended: _____

Event Sponsor Comments: _____

Event Start Time: _____ End Time: _____ Total Man Hrs: _____

Event Sponsor Signature: _____

ABATE Chapter: _____

MSAP Representative's Name: _____ Phone#: _____

Names of ABATE members staffing the booth: _____

MSAP Representative Comments: _____

Chapter Safety Director/President Comments: _____

Complete this form at your event and mail original to PO Box 614 Cantonment, FL32533 within 10 days
of your presentation.

Please complete the Abate Outreach form online under 2024 forms on the state website

ABATE of Florida Inc. appreciates your interest in the Motorcycle Safety and Awareness Program.
Russ Pace (352)361-1606

Questions Please contact State Office at 386-943-9610

CHAPTER MATERIALS REQUEST FORM

ABATE AND DHSMV

Request # _____ Filled # _____

_____ Stylus pens - _____

_____ Tote Bags - _____

_____ Lip Balm - _____

_____ Sunscreen - _____

_____ M/C Keychain - _____

_____ Black & White Bumper stickers - _____

_____ Small Magnetic signs - _____

_____ Silicone Bracelets - _____

FMSP SAFETY ITEMS REQUEST

Request # _____ Filled # _____

_____ PenDie Cut stickers - _____

_____ Wolverine Pens - _____

_____ Microfiber Towels - _____

_____ Yellow Yard Signs - _____

Lana Lang (407) 312-9232

Person requesting material _____ Date requested _____ Phone _____

please print

FILLED BY: _____ DATE RECEIVED _____