

**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, FL 32533 within 10 days of your presentation.

ABATE of Florida Inc. appreciates your interest in the Motorcycle Safety and Awareness Program.

Questions Please contact State Office at 386-943-9610

**MSAP MATERIALS REQUEST FORM**

SAFETY ITEMS	Requested Amount	Filled
Pens		
Key Chains		
Small Magnets		
MSAP Tri- Fold		

Person requesting material \_\_\_\_\_ Phone \_\_\_\_\_

please print

FILLED BY: \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_