

FLITE Display Table Reservation Form

Organization requesting the display table: _____

Event title or purpose for using display table: _____

Date(s) needed: _____

Time(s) needed: _____

Number of participants staffing table: _____

Name of person representing organization: _____

Complete address of person representing organization: _____

Phone number: _____ Email address: _____

Signature: _____ Date: _____

FLITE Use Only

Table Request Approved? Yes _____ No _____ If no, briefly state reason:

FLITE representative's signature: _____ Date: _____