



2020 Storefront Sale Form

Storefront Information

Store Name _____

Date _____ Time _____

Address _____

Coordinator Information (Approving Store Manager/Owner)

Name _____

Phone _____

Email _____

Primary Unit Contact Information

Unit Position _____

Name _____

Phone _____ Alt Phone _____

Email _____

I acknowledge that all requirements outlined in the 2020 Fall Product Sale Leader's Guide have been met for this storefront sale.

Print Name: _____ Date: _____

Signature: _____

