



ABS No Product Sign-off Form

ABS Event # _____ taking place on ___ / ___ / ___ at _____
(MM/DD/YYYY) (Store Name)

Located at _____, _____
(Address) (City) (State) (Zip Code)

From the hours of _____ AM / PM to _____ AM / PM by _____
(ABS Ambassador Name - Printed)

Time checked into Event (Day of) : _____ AM / PM

Date of Pre-Call: ___ / ___ / ___ Manager you spoke to: _____
(MM/DD/YYYY) (Manager Name -Printed)

Please have the Manager on Duty sign off that this event will not run due to lack of product, and that the store manager was contacted on the date above.

X _____ X ___ / ___ / ___
(Manager Name -Printed) (MM/DD/YYYY)

X _____
(Manager Signature)

Does The Manager want to reschedule this event? Yes / No

Date: _____ Time: _____ AM / PM to _____ AM / PM

Products:

