

# 2024



# south florida FAIR

SFF Staff CONTACT

Staff APPROVAL

| Group/Company Name:            |          | Group/Company Contact Person: |      |      |      |      |      |      |      |      |      |      |      |      |      | Contact Phone No. |      |      |      |  |
|--------------------------------|----------|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------------|------|------|------|--|
| (Please Type or Print)<br>Name | Photo ID | Working Pass                  | FRI  | SAT  | SUN  | MON  | TUE  | WED  | THU  | FRI  | SAT  | SUN  | MON  | TUE  | WED  | THU               | FRI  | SAT  | SUN  |  |
|                                |          |                               | 1/13 | 1/14 | 1/15 | 1/16 | 1/17 | 1/18 | 1/19 | 1/20 | 1/21 | 1/22 | 1/23 | 1/24 | 1/25 | 1/26              | 1/27 | 1/28 | 1/29 |  |
| 1                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 2                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 3                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 4                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 5                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 6                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 7                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 8                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 9                              |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |
| 10                             |          |                               |      |      |      |      |      |      |      |      |      |      |      |      |      |                   |      |      |      |  |

|                            |                     |               |         |
|----------------------------|---------------------|---------------|---------|
| <b>For OFFICE USE ONLY</b> | # of Working Passes |               | File    |
|                            | Any Day             | Date Specific | ID Type |
|                            | Ticket Order #      |               |         |