



## 2010 Used Curriculum Sale Table Application Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to reserve:

\_\_\_\_\_ 1 (one) six-foot table @ \$15

\_\_\_\_\_ 1/2 (one-half) six foot table @ \$8

Signature: \_\_\_\_\_

Please return this signed form and your  
check (made out to LDSEHE) to:

LDSEHE UCS  
P.O. Box 44  
York, SC 29745

**Questions?** Please contact Melissa Coombs at [vendors.ldsehe@gmail.com](mailto:vendors.ldsehe@gmail.com).