

## REQUEST FORM

Date of Request: \_\_\_\_\_

### CLUB INFORMATION

Name of Club : \_\_\_\_\_

Name of Club President: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTACT INFORMATION (Person doing the vision screening)

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

### EVENT INFORMATION

Date of Screening: \_\_\_\_\_

Time of Screening: \_\_\_\_\_

Name of Facility or Event: \_\_\_\_\_

Address: \_\_\_\_\_

How Many Lions will be Attending Screening: \_\_\_\_\_

Please **EMAIL** Request Forms to: Lion Ken Book  
kbook0@hotmail.com  
210-744-2080