

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