

LIONS DISTRICT 2-A2

MOBILE EYE SCREENING UNIT

PHONE 210-275-4425

E-MAIL: lionsmum@earthlink.net

MESU RESERVATION REQUEST FORM

DATE SUBMITTED: _____

Print in block letters or type only please.

Name of LIONS CLUB: _____

EVENT: _____

Sponsorship is mandatory from a Lions Club in District 2-A2.

DATE REQUESTED: _____

EVENT DETAILS

START TIME: _____ End Time: _____

LOCATION: _____

VISIT CHAIRPERSON CONTACT DATA BELOW:

Lion Chairperson: _____

ADDRESS: _____

DAY: _____ EVE: _____

CELL: _____ E-MAIL: _____

This form must be accompanied by a deposit check payable to, &

mailed to: Lions Sight Research Foundation

4502 Centerview Drive, Suite 120

San Antonio, TX. 78228

BELOW FOR FOUNDATION USE ONLY

Confirmation sent: _____

Received deposit: _____

Sponsored Hosted UTHSC