



Directions:

1. Please **complete** request form in its entirety. List additional information on a separate sheet or the back of this form. **Requests for 2018 will NOT be accepted at this time.**
2. **This is only a request.** Received requests do not guarantee a visit from the LHSU. Approval packets will be sent to those whose requests can be fulfilled. We will make every attempt to meet requests. **WE CAN NO LONGER SCHEDULE A PUBLIC AND SCHOOL SCREENING ON THE SAME DAY.**

Project Chair Information:

Name: _____

Address: _____

City, State, & Zip Code _____

Phone: _____ E-mail: _____

Screening Information:

Name of Lions Club: _____ City: _____

	Date(s)	Type of Screening		If school, is it a half or whole day?	If public, is it a fair, festival, parade, etc?
		Public	School		
1st Choice					
*2nd Choice					
If you want to request an additional date for a second visit, list it here:					

1. Would you like to be contacted with alternative dates in the event you request(s) cannot be fulfilled? (Please circle one)
YES or **NO**
2. Do you need a Lions Health Screening Unit Resource Guide ? (Please circle one)
YES or **NO**

Please return to :

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Seattle, WA 98101
Phone : (800) 847-5786 x 4668 Fax : (206) 838-4627
Email : marshar@nlfoundation.org