



Lions Health Screening Unit

Project Officer Information Form

Please Complete All Sections. If a section does not apply to your screening please write N/A in that space. Thank you.

Club(s):	Date(s) of Screening:
Project Officer/Contact:	
Home Phone:	Email (if applicable):
Mobile Phone (if applicable):	
Mailing Address:	
Screening Specifics: Please Complete Section Below	
Screening Type (School or Public):	
If School please complete the additional School Nurse/Admin. Form.	
Location (i.e. Store Name, Fairgrounds, School Name, etc.):	
Location Address (include city, state and zip code):	
Parking Instructions (where, when, and any additional parking directions):	
Expected Arrival Time:	Expected Departure Time:
Will your Club or Organization be providing lodging? (Please circle one) YES or NO	
*Note: Lions Clubs and Organizations hosting LHSU visits are not required to provide or book lodging. Many groups have in the past, and the information below is simply to minimize confusion and provide necessary parties with thanks.	
Booking Lodging Only: (Please circle one) YES or NO	
Name of Hotel, Motel, B&B, etc:	Lodging Contact (i.e. Manager, Owner, etc):
Lodging Address:	*Please send copy of billing statement or invoice with this form if available. This allows NLF to send a receipt for tax purposes to those making donations of lodging or providing discounts.

If providing or booking lodging, please list approximate value: (list any discounts) \$	Lodging Phone Number:		
Registration Name (what name is the registration booked under)?			
If not booking or providing lodging, do you have any recommendations near the screening location(s)?			
If food, gas, etc are donated or discounted, please list out with contact information of those making the donation.			
Recommended local Restaurants:			
Additional Screening Information or Notes for our Driver:			
Any questions or concerns you would like to be contacted about?			
Please mail, fax or email completed form to: <table border="1" data-bbox="787 1249 1393 1507" style="margin-left: auto; margin-right: auto;"> <tr> <td> Northwest Lions Foundation C/o Lions Program Coordinator 1200 6th Ave., Suite 300 Seattle, WA 98101 FAX: (206) 838-4627 EMAIL: marshar@nlfoundation.org. </td> </tr> </table>			Northwest Lions Foundation C/o Lions Program Coordinator 1200 6 th Ave., Suite 300 Seattle, WA 98101 FAX: (206) 838-4627 EMAIL: marshar@nlfoundation.org .
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<p>*This form is due a <u>minimum of 60 Days</u> prior to the first day of your scheduled screening (exceptions: Clubs/Organizations that have scheduled a screening for a previously unscheduled day between April & August 2015. POIF is due as soon as possible for these clubs).</p>			