



HEARING SCREENING Sponsor Request Form

Lions of Illinois Foundation
2254 Oakland Dr.
Sycamore, IL 60178
Attn: Hearing Screening Unit
Phone: 815-756-5633 Ext 240
Fax: 815-787-6806
tfisher@lifnd.org

Lions Club _____ District _____

President _____ Email: _____

Home/Business Phone # _____ Cell Phone # _____

____ Yes, we will be able to have the screening. Date: _____

____ This is a **SPECIAL EVENT** _____ Time: _____

Exact Location of Screening Site:

Name of Facility/Location _____

Address _____ City _____

Additional Information _____

Phone # (nearest to screening site I.C.E.) _____

Lion in Charge of the Screening:

Name _____ Title _____ Phone # _____

Address _____ City _____ Zip _____

E-Mail _____ Cell # _____

Alternate Contact:

Name _____ Title _____ Phone # _____

Address _____ City _____ Zip _____

E-Mail _____ Cell # _____

____ **NO**, we are unable to sponsor a screening at this time. Reason _____

Signature _____ Title _____

PLEASE COMPLETE ENTIRE FORM AND RETURN TO: Lions of Illinois Foundation