



# VISION SCREENING UNIT HOSTING 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](mailto: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 **HEALTH FAIR** \_\_\_\_\_ 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**