

DISTRICT 4-C4 CONTESTS REPORT 2012-2013

INSTRUCTIONS

Please type your information directly into this PDF form.

You can save the form at any time using the "Save as" option in your file menu. We suggest that you give the file a name that identifies your club and the patient in some way. You can reopen your form and continue working on it as you accumulate the information needed.

When complete, please email the form to the Contest Commissioner, Denise Kelly, at deniseakelly@comcast.net , or you can print and mail the form if necessary.

DISTRICT 4-C4 CONTESTS REPORT 2012-2013

Must be submitted to Contest Commissioner no later than the 7th of each month.

CLUB NAME: _____ MONTH/YEAR: _____

Blood Donor

Date(s) of Club Blood Drive: _____ Community Service hours for Blood Drive _____
Units of blood donated: _____ Units of apheresis donated: _____
Date of Individual Lion Donation _____
Units of blood donated: _____ Units of apheresis donated: _____

Community Service and Donation Reporting

Please report Community Service and Donations for organizations outside the United States under International Relations and Twinning Contest

Please provide the information below for each organization/activity served locally.

♦ Organization Name _____ Exclusively Involves: Seniors _____ Youth _____ Brief Description of Service Provided to organization _____ _____	Brief Description of Organization _____ Disabled Youth _____ Total Hours _____ Donation made to organization _____ Donation date _____
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CLUB NAME: _____ MONTH/YEAR: _____

♦ Organization Name

Brief Description of Organization

Exclusively Involves:

Seniors _____ Youth _____ Disabled Youth _____

Brief Description of Service Provided to organization

Total Hours _____

Donation made to organization _____

Donation date _____

Should you have additional community service/donation reporting, please copy/paste additional rows/lines here or attach a separate sheet that includes all requested information for each organization supported.

Date of Service at LIS Warehouse: _____

Number of Lions _____

Number of Non Lions _____

Total Hours _____

Eyeglass Collection

Date eyeglasses turned into LIS Warehouse: _____

Total pounds: _____

Date eyeglasses donated to other locations: _____

Total pounds: _____

Receipts must accompany this report except for District 4-C4 Eyeglass Collection

Monthly Collections Volunteers service hours:

Number of Lions _____ Number of Non Lions _____ Total Hours _____

Annual District 4-C4 Collection to be held Saturday, March 24, 2012.; total pounds collected will be reported by Contest Commissioner (receipts will be available).

"Fagan" Contest

Item "borrowed" _____

"Borrowed" from _____ on _____

Item "returned" on _____

Fundraising

Please list the name of Lions Organizations where annual dues are paid (will also apply to Top Club Contest)

Please provide the information below for each fundraising activity.

♦ Brief Description of Project/Activity include date:

Net Dollars Raised _____

Total Lion Hours _____

Did funds raised go to Hearing Conservation? _____

Did funds raised go to White Cane? _____

♦ Brief Description of Project/Activity include date:

Net Dollars Raised _____

Total Lion Hours _____

Did funds raised go to Hearing Conservation? _____

Did funds raised go to White Cane? _____

♦ Brief Description of Project/Activity include date:

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CLUB NAME: _____ MONTH/YEAR: _____

Net Dollars Raised _____

Total Lion Hours _____

Did funds raised go to Hearing Conservation? _____

Did funds raised go to White Cane? _____

Should you have additional fundraising reporting, please copy/paste additional rows/lines here or attach a separate sheet that includes all requested information for each activity.

Hearing Conservation/Collection Contest

Hearing Aids Collected and Donated to Ear of the Lion: _____

Receipt must accompany this report.

Hearing Aids sponsored through Ear of the Lion, Lions International, or other (please state): _____

Receipt must accompany this report.

Inter-Club Visitations Contest

_____ Number of signed visitation forms attached with this report or mailed to Contest Commissioner.

International Relations and Twinning Contest

Twining:

Copy of LCI Twining Resolution or application must accompany this report.

Name of Club _____

Youth Exchange

Lion Host _____

Name of Host Youth (s) _____

Name of Sponsored Youth(s) _____

Adult Hosting

Lion Host _____

Name of Adult Guest _____

Attended Regular Club Meeting of _____ on _____

Service and Donation Reporting

Please provide the information below for each organization/activity served internationally.

♦ Organization Name/Location	Brief Description of Organization
_____	_____
Brief Description of Service Provided to organization/location	Total Hours _____
_____	Donation made to organization _____
	Donation date _____

♦ Organization Name/Location	Brief Description of Organization
_____	_____
Brief Description of Service Provided to organization/location	Total Hours _____
_____	Donation made to organization _____
	Donation date _____

Should you have additional community service/donation reporting, please copy/paste additional rows/lines here or attach a separate sheet that includes all requested information for each organization supported.

Fundraising

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CLUB NAME: _____ MONTH/YEAR: _____

Please provide the information below for each fundraising activity for an international project.

- ♦ Brief Description of Project/Activity include date:

Net Dollars Raised _____
 Total Hours _____

- ♦ Brief Description of Project/Activity include date:

Net Dollars Raised _____
 Total Hours _____

- ♦ Brief Description of Project/Activity include date:

Net Dollars Raised _____
 Total Hours _____

Should you have additional fundraising reporting, please copy/paste additional rows/lines here or attach a separate sheet that includes all requested information for each activity.

Invite A Guest

Date: _____ Guest Name: _____
 Sponsoring Lion: _____

Date: _____ Guest Name: _____
 Sponsoring Lion: _____

Date: _____ Guest Name: _____
 Sponsoring Lion: _____

Date: _____ Guest Name: _____
 Sponsoring Lion: _____

New Member Name: _____
 Date Inducted: _____

New Member Name: _____
 Date Inducted: _____

New Member Name: _____
 Date Inducted: _____

New Member Name: _____
 Date Inducted: _____

Should you have additional guests/members, please copy/paste additional rows/lines here or attach a separate sheet that includes all requested information.

Joint Ventures Activities Contest

Please provide the information below for each activity.

Date	Event	Host Club
_____	_____	_____
Participating Clubs		

Membership Contest

Please provide the following information for each membership event

Date	Event
_____	_____

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CLUB NAME: _____ MONTH/YEAR: _____

Brief Description of Event/Program

Top Club Contest

*Most of the requirements for Top Club will be tallied by the Contest Commissioner from the other Contests reporting.
Please provide the information below that is not part of any other Contest.*

Please list the names of the recipients any life memberships in Lions sponsored organizations

Please list the names of the recipients of any progressive memberships in Lions sponsored organizations

Please report publicity received by your club. Please include a copy, if available.

Date: _____ Publication: _____

Date: _____ Publication: _____

Date: _____ Publication: _____