

LIONS DISTRICT 2-A2
MOBILE EYE SCREENING UNIT

3201 Cherry Ridge C-324 - SAN ANTONIO, TX. 78230
PHONE: 210-366-1547 ** MOBILE: 210-275-4425
E-MAIL: lionsmum@earthlink.net

MESU RESERVATION REQUEST FORM

Print in block letters or type only please

DATE SUBMITTED: _____

LIONS CLUB: _____

EVENT: _____

DATE REQUESTED: _____

EVENT DETAILS

PROPOSED START TIME: _____ End Time: _____

LOCATION: _____

VISIT CHAIRPERSON CONTACT DATA BELOW:

Lion Chairperson: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Cell #: _____ Email: _____

(This form MUST be accompanied by a deposit check)

BELOW FOR FOUNDATION USE ONLY

Confirmation sent: _____

Received deposit: _____

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