



SPONSOR REQUEST FORM

Hearing Screening

Mobile Hearing Unit Scheduling
Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, IL 60178
Voice-815-756-5633, ext 224
Fax: 815-748-9087
MJG@LIFND.NET

Lions Club _____ District _____

President _____

Home Phone# _____ Business Phone # _____

Cell Phone# _____

E-Mail _____

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_____ **Yes**, we will be able to have the screening.

Please indicate preferred time you would like screening (Please Circle One)

9-4 9-12 1:00-4:00 or other _____

Exact Location of Screening Site:

Name of Facility/Location _____

Address _____ City _____

Additional Information _____

Phone # (nearest to screening site) _____

(This number will be used to contact our staff member only if necessary)

Lion in Charge of the Screening:

Name _____ Title _____

Address _____ City _____ Zip _____

Home Phone # _____ Business # _____

E-Mail _____ Cell # _____

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

Reason _____

Signed _____ Title _____

Club _____

Your Prompt Reply is Greatly Appreciated !