



We Serve

MD-29 Mobile Eye Screening Unit (MESU)

ACTIVITIES REPORT:

UNIT: #1 (small) _____ #2 (large) _____

SPONSORING LIONS CLUB(S): _____

LION POINT OF CONTACT:

<u>NAME</u>	<u>PHONE</u>	<u>E-MAIL</u>
_____	_____	_____

EVENT(S) SUPPORTED: _____

DATE VAN RECEIVED: _____

DATE VAN RELEASED: _____

MILES DRIVEN: _____

COST TO LIONS CLUB(S): \$ _____

COST TO OTHERS: \$ _____ WHO? _____

WHAT DID YOU PURCHASE? _____

TOTAL VOLUNTEER HOURS: (LIONS) _____ (NON-LIONS) _____

NUMBER PATRONS SCREENED: _____ NUMBER REFERRED: _____

GLASSES _____ GLAUCOMA _____

DRIVERS: (NAMES) _____

(PHONE) _____ (E-MAIL) _____

COMPLETED VAN LOG BOOK? (DATE) _____

REMARKS: (use additional sheets if needed)

COMPLETED BY: _____ DATE: _____