

Lions Save Sight Community Challenge

ENTRANT NOMINATION FORM

Full Name of Entrant

Preferred NameDOB...../ / Gender - M/F

Address

Email (please print clearly)

Phone (H) (M) (W).....

Name of Lion, Lioness, Leo's Club or sponsoring organisation:

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Club Chairman or Sponsoring Organisation

Address.....

(Phone/s)..... (Email) Print.....

What prompted you to enter the Challenge?

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..... Attach a sheet if needed

What are your current plans to fundraise perform services in your community and promote the NSW-ACT Lions Save Sight and Public Healthcare Foundations.

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..... Attach a sheet if needed

Please attach a sheet advising your previous community service background i.e. Leo's, Duke of Edinburgh, schools activities, Scouts etc along with any involvement in Lion community activities

Agreement

I agree to abide by the directions that are set by the Governing Committee of the Lions Community Challenge and I will conduct myself to bring honour on the Foundations, the club and the community that I will represent and will not do anything to bring them into disrepute.

Signed:/...../..... Witness:/...../.....

Name

Address