

**DISTRICT 4-C4 CONTESTS REPORT 2013-2014**

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

CLUB NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

**Blood Donor**

Date of Club Blood Drive: \_\_\_\_\_ Total Hours - Lions in Your Club \_\_\_\_\_  
Units of blood donated: \_\_\_\_\_ Units of apheresis donated: \_\_\_\_\_  
Date of Individual Lion Donation \_\_\_\_\_  
Units of blood donated: \_\_\_\_\_ Units of apheresis donated: \_\_\_\_\_  
One hour of community service will be credited for each individual donation.

**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 \_\_\_\_\_ Brief Description of Organization \_\_\_\_\_

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_ Disabled Youth \_\_\_\_\_  
Brief Description of Service Provided to organization \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

♦ Organization Name \_\_\_\_\_ Brief Description of Organization \_\_\_\_\_

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_ Disabled Youth \_\_\_\_\_  
Brief Description of Service Provided to organization \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

♦ Organization Name \_\_\_\_\_ Brief Description of Organization \_\_\_\_\_

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_ Disabled Youth \_\_\_\_\_  
Brief Description of Service Provided to organization \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

♦ Organization Name \_\_\_\_\_ Brief Description of Organization \_\_\_\_\_

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_ Disabled Youth \_\_\_\_\_  
Brief Description of Service Provided to organization \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

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♦ Organization Name

Brief Description of Organization

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_  
Brief Description of Service Provided to organization

Disabled Youth \_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

♦ Organization Name

Brief Description of Organization

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_  
Brief Description of Service Provided to organization

Disabled Youth \_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

♦ Organization Name

Brief Description of Organization

**Exclusively Involves:**

Seniors \_\_\_\_\_ Youth \_\_\_\_\_  
Brief Description of Service Provided to organization

Disabled Youth \_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_  
Donation made to organization \_\_\_\_\_  
Donation date \_\_\_\_\_  
Vision Care Donation \_\_\_\_\_

***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: \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_  
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: \_\_\_\_\_  
Total Hours - Lions in Your Club \_\_\_\_\_

*Annual District 4-C4 Collection to be held Saturday, March 25, 2014.; total pounds collected will be reported by Contest Commissioner (receipts will be available).*

**"Fagan" Contest**

Item "borrowed" \_\_\_\_\_  
"Borrowed" from \_\_\_\_\_ on \_\_\_\_\_  
Item "returned" on \_\_\_\_\_

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**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 Hours - Lions in Your Club \_\_\_\_\_  
\_\_\_\_\_ 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 Hours - Lions in Your Club \_\_\_\_\_  
\_\_\_\_\_ 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 Hours - Lions in Your Club \_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_

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**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 - Lions in Your Club \_\_\_\_\_

Donation made to organization \_\_\_\_\_

Donation date \_\_\_\_\_

♦ Organization Name/Location \_\_\_\_\_ Brief Description of Organization \_\_\_\_\_

\_\_\_\_\_

Brief Description of Service Provided to organization/location \_\_\_\_\_

\_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_

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**

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 - Lions in Your Club \_\_\_\_\_

♦ Brief Description of Project/Activity include date: \_\_\_\_\_

\_\_\_\_\_

Net Dollars Raised \_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_

♦ Brief Description of Project/Activity include date: \_\_\_\_\_

\_\_\_\_\_

Net Dollars Raised \_\_\_\_\_

Total Hours - Lions in Your Club \_\_\_\_\_

***Should you have additional fundrasing 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: \_\_\_\_\_

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CLUB NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

New Member Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date of Invite A Guest Attended: \_\_\_\_\_ Date Inducted: \_\_\_\_\_

New Member Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date of Invite A Guest Attended: \_\_\_\_\_ Date Inducted: \_\_\_\_\_

New Member Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date of Invite A Guest Attended: \_\_\_\_\_ Date Inducted: \_\_\_\_\_

New Member Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date of Invite A Guest Attended: \_\_\_\_\_ 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 report Invite A Guest Events above and they will be considered for this contest.*

*Please provide the following information for each membership event*

Date	Event
_____	_____
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: \_\_\_\_\_