

DISTRICT 4-C4 CONTESTS REPORT 2014-2015

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

CLUB NAME: _____ MONTH/YEAR: _____

Blood Donor

Date of Club Sponsored 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 YES/NO:

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 YES/NO:

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 YES/NO:

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 _____

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 _____

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CLUB NAME: _____ MONTH/YEAR: _____

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 tentatively scheduled for Saturday, March 28, 2015.; total pounds collected will be reported by Contest Commissioner (receipts will be available).

"Fagan" Contest

Item "borrowed" _____

"Borrowed" from _____ on _____

Item "returned" on _____

Fundraising

Please list the name of Lions Organizations where annual dues are paid (will also apply to Top Club Contest)
You do not have to report each organization monthly, we will assume reporting to be annual.

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? _____

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.

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CLUB NAME: _____ MONTH/YEAR: _____

International Relations and Twinning Contest

Twining:

Copy of LCI Twinning 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 _____

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.

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CLUB NAME: _____ MONTH/YEAR: _____

Invite A Guest

Date: _____ Guest Name: _____
Sponsoring Lion: _____

Date: _____ Guest Name: _____
Sponsoring Lion: _____

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 and District publications. Please provide the information below that is not part of any other Contest. You do not have to report each receipt monthly, we will track.

Please list the name(s) of the recipients any life memberships in Lions sponsored organizations

Please list the name(s) of the recipients of any progressive memberships in Lions sponsored organizations

Please report club publicity. It is not necessary to provide a copy with this report.

Date: _____ Event: _____

Date: _____ Event: _____