

Activity Report Form

Activity Type

 Service

 Fund Raiser

 Donation

 Meeting

Skip to Activity Name

What cause will the activity impact?

Hunger	<input type="checkbox"/>	Food Collection/Food Bank
	<input type="checkbox"/>	Meal Prep/Distribution
	<input type="checkbox"/>	Community Gardens/Agriculture
	<input type="checkbox"/>	Hunger
	<input type="checkbox"/>	Other

Childhood Cancer	<input type="checkbox"/>	Awareness/Education/Advocacy
	<input type="checkbox"/>	Child/family Tutoring
	<input type="checkbox"/>	Organization/Facility Assistance
	<input type="checkbox"/>	Family Assistance
	<input type="checkbox"/>	Entertainment/Recreational
	<input type="checkbox"/>	Professional Training/Support
	<input type="checkbox"/>	Other

Diabetes	<input type="checkbox"/>	Retreats/Camp/Symposium
	<input type="checkbox"/>	Healthy Living for Type 2
	<input type="checkbox"/>	Type 2 Risk Awareness/Screening
	<input type="checkbox"/>	Strides for Diabetes
	<input type="checkbox"/>	Healthy Eating for Gestational
	<input type="checkbox"/>	Education/Advocacy
	<input type="checkbox"/>	Support Group
	<input type="checkbox"/>	Other

Other	<input type="checkbox"/>	Awareness/Education/Advocacy
	<input type="checkbox"/>	Education/Literacy/Reading
	<input type="checkbox"/>	Assistance to an Individual
	<input type="checkbox"/>	Lions Quest
	<input type="checkbox"/>	Disaster Preparation/Relief
	<input type="checkbox"/>	Other Health Service
	<input type="checkbox"/>	Other Service Activity

Environment	<input type="checkbox"/>	Tree Planting/Care
	<input type="checkbox"/>	Clean Up/Restoration
	<input type="checkbox"/>	Clean Water/Sanitation
	<input type="checkbox"/>	Recycling/Waste Management
	<input type="checkbox"/>	Awareness/Education/Advocacy
	<input type="checkbox"/>	Other

Activity Name _____

 Signature

 LCIF Grant

Place Name _____

Address/Place _____

Time Zone _____

Start Date and Time _____

End Date and Time _____

Vision	<input type="checkbox"/>	Screening
	<input type="checkbox"/>	Lions Eye Bank
	<input type="checkbox"/>	Support Services for Blind/Impaired
	<input type="checkbox"/>	Awareness/Education/Advocacy
	<input type="checkbox"/>	Other

Activity Cost

-or-

Funds Raised

Number of Volunteers		# of People Served
Lions		
Non- Lions		

Description

Who can see? _____

Who can join? _____