SOUTH MILWAUKEE LIONS CLUB ACTIVITY EVENT REPORT

Submitted by_____

NAME OF THE ACTIVITY/EVENT_____

DATE OF ACTIVITY/EVENT_____

WHAT TIME DID THE EVENT/ACTIVITY BEGIN AND END_____

LOCATION OF THE ACTIVITY/EVENT_____

DESCRIBE THE ACTIVITY/EVENT_____

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NUMBER OF LIONS WHO WORKED THE ACTIVITY/EVENT OR PREPARED FOR THE ACTIVITY/EVENT_____

TOTAL NUMBER OF HOURS ALL LIONS WORKED_____

TOTAL FUNDS RAISED_____

TOTAL FUNDS DONATED_____

NUMBER OF PEOPLE SERVED BY THE ACTIVITY/EVENT_____

NAMES OF LIONS PARTICIPATING IN THE ACTIVITY/EVENT

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