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 ACTIVITY/EVENT_____-_

ADDRESS OF ACTIVITY/EVENT_____-_

DESCRIBE THE ACTIVITY/EVENT_____

_____

_____

_____

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_____

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

NUMBER OF LEO'S WHO WORKED THE ACTIVITY/EVENT OR PREPARED FOR THE ACTIVITY/EVENT_____Hours _____

NUMBER OF NON LION/LEO'S WHO WORKED THE ACTIVITY/EVENT OR PREPARED FOR THE ACTIVITY/EVENT_____Hours _____

TOTAL FUNDS RAISED_____

TOTAL FUNDS DONATED_____

NUMBER OF PEOPLE SERVED OVER THE AGE OF 18_____

NUMBER OF PEOPLE SERVED UNDER THE AGE OF 18 _____

NAMES OF LIONS PARTICIPATING IN THE ACTIVITY/EVENT

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____