



# SEE THE 21<sup>ST</sup> CENTURY® Vision Van

## RESERVATION FORM

Lions Club		
Project Chairperson		
Address		
City	State	Zip
Phone (Home)	(Business)	
Fax		
e-mail		

Date of Screening
Hours of Screening

Address of Screening site
Directions to Screening site
Give a description of where the Van will be parked. (Parking lot, Street, etc.)

We agree to conduct the Screening in accordance with the enclosed Screening Guidelines Manual.
Club President
Project Chairperson