



Lions of Michigan District 11-C2 Program Sharing System



Information to be input: (Please make sure names, addresses, phone numbers and email addresses are typed correctly.) When completed, save page with a short version of the Program Name and email to acee44@msn.com.

Program Information

Program Title: _____
 Organization/Group or Cause: _____
 Time Required: _____ Min.
 Description of Program: _____

Program Presenter

Presenter Name(s): _____
 Contact Information:
 Phone Number: Home: _____ Work: _____ Cell Phone: _____
 Mailing address office or home:
 Street Number & Name: _____
 Suite or Apt #: _____
 City Name: _____ State: _____ Zip Code: _____
 Email Address(s): _____

Program Interest for: (Will this be interesting for?)

Lions: _____ Local Area: (Town/city around Club): _____
 Is this of interest to all general audiences? Yes/No: _____

Program Needs:

List anything that is needed or should be provided to help make it work.
 Easel: Yes/No: _____ Provided by presenter: Yes/No _____
 Computer: Yes/No _____ Provided by presenter: Yes/No _____
 Slide Project (connected to computer): Yes/No _____ Provided by presenter: Yes/No _____
 Display Screen: Yes/No _____ Provided By Presenter: Yes/No _____
 Size needed: _____ Is bare wall acceptable: Yes/No _____
 Any Special requirements: _____

Source Information who is filling out this form. For our records:

Provide your contact information if there are any questions
 Name: _____ Phone: _____ Date submitted: _____
 Email Address: _____