



# 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](mailto: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 Name & number: \_\_\_\_\_  
 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 Projector (connected to computer): Yes/No \_\_\_\_\_ Provided by presenter: Yes/No \_\_\_\_\_  
 Display Screen: Yes/No \_\_\_\_\_ Provided By Presenter: Yes/No \_\_\_\_\_  
 Size needed: \_\_\_\_\_ Are 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: \_\_\_\_\_