

LION FOR A DAY KIT REQUEST

CLUB NAME: _____

*Exactly as it should appear on sign.

Lion for a Day Project: _____

Project Leader _____

Project Date _____

Number of Lions for a Day shirts needed: _____ **@\$4.00 each.**

*Please list shirt sizes on the back of this form, and make checks payable to Lions District 11-B1. Shirts must be purchased to qualify for a free Lion for a Day Kit.

Total enclosed _____

Date of your Request _____

Please note: There are five (5) grants left as of March 30, 2011. Lion for a Day kits will be awarded on a first come first serve basis. Postmark dates will serve as tie-breakers.

Club Contact Person

Name _____

Address _____

Phone Number _____ **E-Mail** _____

Mail applications to:

PDG Roberta Sexton

4246 Jane Drive

Jackson, Michigan 49201