

**The Following Must Be Provided In Order To Reserve MSU**

1. Provide Drivers for your event
2. Provide Trained volunteers for event
3. Please fill out ALL information for expedient processing

**Event Facilitator Contact Information**

MUST LIST AT LEAST TWO CONTACTS, ONE FOR EACH CLUB OR ORGANIZATION FOR THE EVENT. PLEASE CHECK THE NAME OF THE INDIVIDUAL BELOW WHO WILL BE ACTING AS EVENT FACILITATOR TO RECEIVE THE MSU VOLUNTEER HANDBOOK VIA EMAIL.

<input type="checkbox"/> 1) Last name:		First name:		Club/Organization:	
Cell:	Work:	Home:	Email:		
<input type="checkbox"/> 2) Last name:		First name:		Club/Organization:	
Cell:	Work:	Home:	Email:		

**Health Screening Event Information**

IF YOU ARE SCREENING SCHOOLS INDICATE THAT BELOW AND PROVIDE SCHOOL CONTACT

<input type="checkbox"/> New Event <input type="checkbox"/> Repeat Event		Date(s):	Time(s):	Type: <input type="checkbox"/> School <input type="checkbox"/> Public
Event Name:		Address:	City:	
Screenings: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Glucose <input type="checkbox"/> Other (Please list):				
Volunteers: <input type="checkbox"/> Lions Members <input type="checkbox"/> PTO/PTA <input type="checkbox"/> ISU <input type="checkbox"/> CSI <input type="checkbox"/> St. Al's <input type="checkbox"/> St. Luke's <input type="checkbox"/> Stevens-Henager <input type="checkbox"/> Bilingual Volunteers				
<input type="checkbox"/> Other Organizations/Medical Professional Volunteers (Please list):				
APPROXIMATE NUMBER OF INDIVIDUALS AND/OR GRADES TO BE SCREENED:				

**MSU Driver Information**

ALL NEW DRIVERS MUST COMPLETE AN MSU DRIVER APPLICATION FORM AND BE FAMILIAR WITH TOWING LARGE TRAILERS OR FIFTH WHEELS. RETURNING DRIVERS FILL OUT INFORMATION COMPLETE WITH CONTACT NUMBER

1) Last:		First:		Phone:	
Driving Date(s):				Email:	
Is the Driver listed above on the Lions Foundation MSU Auto Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
Parking Instructions/Notes for Driver:					
Expected Arrival	Date:	Time:	Expected Departure	Date:	Time:

Please send to: Idaho - E. Oregon Lions Sight & Hearing Foundation 1090 N. Cole Rd., Boise, Idaho  
 Fax: 208-338-6543 Email: mobilescreening@idaholions.org