



## Lions Diabetes Awareness Foundation of MD 35 Florida Lions Diabetic Retinopathy Foundation

**Scheduling/Ordering Form should be emailed as soon as dates are set**

Club Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Blood Sugar screening:  and Retina Screening:  Screening Date: \_\_\_\_\_

Screening Time: \_\_\_\_\_ to \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Hours of Event: \_\_\_\_\_ Type of Diabetic Meters to be used: \_\_\_\_\_

Certified BS Screeners:  Yes  No Certified Retina Screeners:  Yes  No

Regional Retina Organizer: \_\_\_\_\_

Is Event: Inside  Outside  Power available:  Yes  No

Other information of event and type of event: \_\_\_\_\_

Will your club be advertising this:  Yes  No How: \_\_\_\_\_

Local diabetic group/s that will be Retina Screened: \_\_\_\_\_

Lion below is responsible for the security of the Retina Camera.  
Camera must be picked up and returned to the storage sites.

Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_

**Please email this to: [lionnormacallahan@yahoo.com](mailto:lionnormacallahan@yahoo.com) & [liongaryhardacre@cox.net](mailto:liongaryhardacre@cox.net)**