

DATE:

TO:

FROM: LIONS EYE FOUNDATION OF SOUTHERN CALIFORNIA  
MOBILE HEALTH SCREENING UNIT

Don't be put off by the size of this new packet. Only Exhibits A and G need be returned to us to initiate your reservation request for the Mobile Unit!

However, please read through the rest of the material before you pick up the Unit. Someone will go over it with the driver when it is picked up.

Rest assured that we will do all that we can to help you have a successful screening – or parade – or whatever.

**A CONFIRMED CALL OR E-MAIL OF YOUR REQUEST FORM  
WILL BE RETURNED TO YOU BEFORE YOUR USE DATE –  
AFTER THE DATE HAS BEEN CALENDARED AND THE DRIVER  
CLEARED THROUGH THE INSURANCE CARRIER AND THE  
DMV.**

PHONE:

E-MAIL

Lion M J Patton 562 430-1151

[mpatton2@charter.net](mailto:mpatton2@charter.net)

Lion O. Bugarini 714 335-9681

[oscarbugarini@adelphia.com](mailto:oscarbugarini@adelphia.com)



**LIONS EYE FOUNDATION OF SOUTHERN CALIFORNIA**

**MOBILE HEALTH SCREENING UNIT**

**RESERVATION REQUEST FORM**

ATTACHMENT (A)

Form to be submitted at least four (4) weeks prior to the date of your event.

Form to be completed and mailed or e-mailed and check mailed to:

**\$50.00 Booking Fee by Lions Club**

**LEFSC Mobile Health Screening**

**PO Box 2111**

**Los Alamitos, CA 90720**

**Unit: 9247 Flora Vista**

**Bellflower, CA**

**Cash:** \_\_\_\_\_

**Check:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We understand that a copy of this form marked “Confirmation of Request” will be returned to the person whose name is given as being responsible for the Unit during the screening. To avoid any conflicts or misunderstandings, a written request must be submitted for each usage and prior approval must be secured.

**COMPLETE ALL SECTIONS OF THIS FORM. UNANSWERED ITEMS WILL CAUSE FORM TO BE RETURNED AND SUBSEQUENT DELAY IN APPROVAL.**

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

President/Secretary: (Indicate which) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone( ) \_\_\_\_\_ PM Phone ( ) \_\_\_\_\_

e-mail \_\_\_\_\_

Dates & Times Requested – Include pickup and return days and approximate hour:

\_\_\_\_\_

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HOW WILL UNIT BE USED? (BE SPECIFIC)

Vision Screening \_\_\_\_\_ Audio Screening \_\_\_\_\_ Both \_\_\_\_\_

Display and Walk-thru \_\_\_\_\_ Parade \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
\_\_\_\_\_

EXACT LOCATION WHERE UNIT WILL BE USED. (BE SPECIFIC)

EXACT LOCATION WHERE UNIT WILL BE STORED OVERNIGHT (If applicable – be specific)

Contact reservation and/or unit manager after you receive approval for screening and at least ten days prior to your use, regarding pickup and the return of the unit.

Unit Driver: It is the responsibility of the sponsoring Lions Club to secure a qualified driver for the Unit. A Class “C” (regular auto license) is required. The Foundation’s insurance carrier **must** clear any person planning to drive the Unit in advance through DMV and the Foundation. We will secure this clearance. The following information is required.

1. Exact Name as it appears on Driver’s License: \_\_\_\_\_
2. Driver’s License Number \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_
4. Birth date: \_\_\_\_\_
5. Day Phone: \_\_\_\_\_
6. Night Phone: \_\_\_\_\_

CLUB MEMBER / OFFICER RESPONSIBLE FOR UNIT DURING THE REQUESTED SCREENING:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ PM Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Below statement to be signed by Club President or his designate:

I ACKNOWLEDGE THAT I HAVE READ ALL DOCUMENTS ACCOMPANYING THE REQUEST AND AGREE THAT ALL STIPULATIONS WILL BE ADHEARED TO DURING THE REQUESTED SCREENING.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_