



LIONS DISASTER ALERT TEAM

Registration Form

Please complete this form for each individual volunteer and mail to: _____.

Please make check payable to _____. **Registration deadline is** _____.

Please feel free to contact _____ with any questions, comments or concerns.

PLEASE PRINT

Today's Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Are you a Lions Club Member? Yes No Club Name: _____ District: _____

Check One:

<input type="checkbox"/>	Single Occupancy -
<input type="checkbox"/>	Double Occupancy - (complete form for the 2 nd individual)
<input type="checkbox"/>	For Special Arrangements Call
<input type="checkbox"/>	Family Rate
<input type="checkbox"/>	
<input type="checkbox"/>	

Each bus needs to have _____ occupants before and an additional bus and week can be added. Which week would you prefer? Rank your preference 1 through 4.

Week 1		
Week 2		
Week 3		
Week 4		

PLEASE USE LINES BELOW TO ADD ADDITIONAL INFORMATION
