MD18 LEO GATHERING

GEORGIA LIONS CAMP FOR THE BLIND - WAYCROSS, GEORGIA
MARCH 25-27, 2011

CLUB REGISTRATION FORM

Name of LEO Club: _____

Name of Sponsoring Lions Club: _____

Name/contact info- Lion Advisor: _____

Name of School: _____

Lions District: _____ Name/contact info-Coordinator_____

Name/contact info-Faculty Advisor: _____

List of Attending Leos, Lions, Chaperones, and other adults:

Name	Grade	Age

Attach separate sheet if necessary.