



**NORTHERN CALIFORNIA LIONS SIGHT ASSOCIATION
P.O. Box 188348, Sacramento, CA 95818**

Vision Screening Van /or Plus Optix Reservation Form

Sponsoring Lions Club _____

Activity / Event _____

Physical Street Address of Event _____

City _____ Zip _____

Club Contact Person _____

Home Phone _____ Cell Phone _____

Date of Event _____

Arrival Date: _____ Arrival Time _____

Depart Date _____ Depart Time _____

Reservation for Sight Van Only ___yes ___no

Reservation for Plus Optix Only ___yes ___no

Reservation for Sight Van & Plus Optix ___yes ___no

Does your club need an Optometrist or Ophthalmologist? ___yes ___no

TO CONFIRM RESERVATION, SEND THIS FORM AND A CHECK FOR:

**A) Sight van Only \$150.00; (B) Plus Optix Only \$25.00; (C) Sight Van & Plus Optix \$175.00
\$200.00 Non VIP members clubs**

Payable to: **NCLSA and annotated for Vision Van and/or Plus Optix**

**MAIL TO: NCLSA Vision Screening / Plus Optix
C/O Lion Joe Bowers
2825 Pintail Court, West Sacramento, CA 95691**

Any Questions please call (916) 397-6391

FEES HELP COVER THE COST OF GAS, INSURANCE, UPKEEP AND UNFORESEEN CONTINGENCES FOR THE SIGHT VAN. FEES FOR PLUS OPTIX COVERS LABELS, BATTERIES and PRINTED FORMS.

TO BE COMPLETED BY NCLSA.

DATE PAYMENT RECEIVED _____ CHECK # _____

RECEIVED BY: _____ DRIVER ASSIGNED _____

NCLSA P.O. Box 188348, Sacramento, CA 95818