DIRECTORS REPORT

A Director's Club Report for the Texas Lions Camp

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Your Name:	**District:**	**Date:**
Club Visited:	**City:**	

Topics Discussed:	**If other, please describe:**
☐ Camp for children with physical disabilities	
☐ Camp for children with Diabetes	
☐ Century Club	
☐ Other	

Did you show a slide /tape / video program?	**How many Members are in the Club? _____**
☐ YES ☐ NO	
If Yes, what type?	**How many have visited the Camp? _____**
☐ Slide ☐ Tape ☐ Video ☐ DVD	
What was the response to your program?	**How many are Life Members? _____**
☐ Great ☐ Good ☐ Fair	
Is the Club 100% Participating?	**How many are Century Club Members? _____**
☐ YES ☐ NO	

Please list any information which was requested by the Club, as well as your remarks and include information on displays & presentations at Mid-Winter and District Conventions:

Use the back of this sheet if more space is needed
Please retain a copy of this report and send one copy to your Governor and one to the Texas Lions Camp