



Cabrillo Host
LIONS CLUB
P.O. Box 94
Aptos, California 95001-0094

APPLICATION FOR EYE EXAM - GLASSES

Since Lions Clubs were established, Lions have been dedicated to giving back to their communities.

1. Fill out this form completely, including signature
2. Cabrillo Host Lions requires a \$__25.00__ processing fee
3. Upon acceptance, you will be given a voucher from Cabrillo Lions to present to your eye care provider. The eye care provider and / or eyeglass supplier will need this voucher to get reimbursed from Cabrillo Lions

Date: ____/____/2015

Services requested: Eye examination____ Eye Glasses____

Do you have any vision insurance?

Yes____ No____ If Yes, what is the insurance company?_____

Est. Monthly Income:\$____.____

Name:_____Age_____

Address_____City_____

Telephone_()_____

Signature:_____Date_____

For Club use only:

Received:_____Approved_____

Signature of Site

Chair_____