



ENDPOLIONOW

**RILEE: Rotary Iron Lung Education Equipment
Reservation Request**

Date(s) Requested _____

District _____ Rotary Club of _____

Name of Club President _____

Email: _____

Cell Phone: _____

Name of Event: _____

Address of Event: _____

City: _____ State: _____

Substrate: grass _____ gravel _____ blacktop _____ other _____

Name of Requesting Rotarian: _____

Email: _____

Cell Phone: _____

Address: _____

City: _____ State: _____

Driver's Name: _____

Cell Phone: _____

Email: _____

I agree to the above conditions:

Printed Name of Rotary Club President

Signature of Club President

01/11/18