



REQUEST FOR CEP RESOURCE SUPPORT

Part 1: To be completed by zone chairperson or club officer and sent to the GMT district coordinator at least four weeks before anticipated workshop date(s).

Two or more clubs may participate in a CEP Workshop. Provide information about each participating club in the space below.

Club Name: _____ Club Number: _____ District: _____ Anticipated Number of Participants: _____

There is more than one format for scheduling and implementing the workshop. You may wish to discuss these formats with your district governor team, GLT district coordinator or Club CEP Coordinator to assist you in deciding which best suits your club(s) needs.

Check the desired format and provide suggested date(s)

___ 1. Half day of training (approximately 4 hours of training)

Date: _____

___ 2. Two training meetings of 2 hours each (may be presented at a club meeting or other venue)

Dates: _____

___ 3. Four training meetings of 1 hour each (may be presented at club meeting or other venue)

Dates: _____

Indicate the intended venue (*Ex. Lions club meeting, district convention, zone meeting, etc.*):

Provide the intended location(s) of the workshop:

Name of facility if appropriate: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

Club CEP coordinator or other contact name: _____

Can materials be shipped to this address after approval? ___ Yes ___ No

Indicate shipping address if different than above:

Name/Title: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Club CEP Coordinator

Each club is to identify a CEP Coordinator. The CEP Facilitator will communicate with the Club CEP Coordinator. It is the responsibility of the CLUB CEP Coordinator to pass information on to the other club members attending the CEP Workshop.

If you list a P.O. Box below, please provide a street address for materials shipped by courier.

Name: _____ Club Name: _____ Club Number: _____
 Phone: _____ Cell Phone: _____
 E-mail: _____
 Mailing Address: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____

Name: _____ Club Name: _____ Club Number: _____
 Phone: _____ Cell Phone: _____
 E-mail: _____
 Mailing Address: _____
 Street Address: _____
 City: _____ State: _____ Country: _____

Name: _____ Club Name: _____ Club Number: _____
 Phone: _____ Cell Phone: _____
 E-mail: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____

Signature of Originator: _____
 Position/Title: _____
 Mailing Address: _____
 Phone: _____
 E-mail: _____
 Date Sent: _____

After you have completed Part 1 send or e-mail it to your GMT district coordinator. Keep a copy for your own records. Upon receipt, the GMT district coordinator will review the request, and if approved, will forward the request to the GLT district coordinator for further action.

Questions related to the completion of Part 1 of the form may be directed to:

Membership and New Club Development Department
Lions Clubs International
300 W. 22nd Street
Oak Brook, IL 60523
Phone: 630-203-3831
Fax: 630-706-9211
E-mail: clubexcellenceprocess@lionsclubs.org

Part 2: To be completed by the GLT district coordinator and sent to LCI with a copy to both the GMT and GLT MD coordinator.

Upon receipt of Part 1 of the request, GLT district coordinator should contact potential facilitators. You may wish to consult with GLT MD coordinator or GLT area leader to determine possible facilitators.

List one or more confirmed facilitators whom you have contacted and who have accepted your invitation for the proposed CEP workshop:

If you have listed a P.O. Box, please provide a street address for materials shipped by courier.

CEP Facilitator Name: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

CEP Facilitator Name: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

CEP Facilitator Name: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Upon completion of Part 2, GLT district coordinator will notify GMT district coordinator for approval and/or signature.

I have reviewed and approve the request: _____
(signature of GLT coordinator)

Print your contact information below:

GLT District Coordinator: _____

Mailing Address: _____

Phone: _____

E-mail: _____

Provide GMT district coordinator signature or initial yourself indicating that he/she has acknowledged and approves the request:

GMT District Coordinator: _____

Date sent to LCI: _____

Send both parts of the completed form to:

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Lions Clubs International
300 W. 22nd Street
Oak Brook, IL 60523
Fax: 630-706-9211
E-mail: clubexcellenceprocess@lionsclubs.org

GLT district coordinator will receive notification of receipt by e-mail.