MD-14 REGIONAL LIONS LEADERSHIP INSTITUTE

MARCH 5-7, 2027

PA State Council of Lions Clubs Office, 949 East Park Drive, Harrisburg, PA

CANDIDATES REGISTRATION FORM

Cost $195.00 (includes Institute, Lodging, and Meals)

Checks should accompany this form and be made payable to "***PA State Council of Lions Clubs"***

Mail to: PDG Bill Grager, 175 Old Post Lane, Strasburg, PA 17579

All Questions should be directed to PDG Bill Grager

bilbomzk@gmail.com or 717-615-1974

(Past Participants, District Governors, Past District Governors are ineligible)

Maximum 40 Attendees Please type or print CLEARLY!

First Name _____ Last Name _____

District Number _____ Member Number _____

Highest Lions Office Held _____ Current Lion's Title _____

Email** _____ Preferred Telephone # _____

**Please Type or Print CLEARLY! Email is used for ALL communication regarding the Institute

Address _____

City _____ State _____ Zip _____

Club Number _____ Month/Year Joined Lions _____

Offices Held Within Lions Club _____

_____

Committee Positions Held Within Club _____

_____

Why is this Institute of interest to you? _____

_____

CONTINUED ON NEXT PAGE ……..

By signing below, I hereby commit to the conditions of attending the 2027 MD-14 RLLI

- **Let us know if there are any special dietary considerations of which we should be aware.**
- **Participants are responsible for arranging their own travel to and from the Institute.**
- **MD-14 GLT will make all hotel reservations.**
- **Participants are required to stay until the conclusion of the last day of the Institute.**
- **Participants departing early will not receive an acknowledgement pin or participation certificate.**
- **Participants may bring a laptop for use outside of the classroom.**
- **Participants are required to complete pre-assignments prior to arrival at the institute.**

Candidate's Signature _____ Date_____

District Governor Must also Complete and Sign this Form

In what ways will this candidate benefit from attending the Regional Lions Leadership Institute?

District Governor Member Number _____

District Governor Name _____

District Governor Signature _____

Email (please print) _____

Date _____

