



District Governor Report Form District, Multiple District Meetings and Club Visit

*Officer Name: _____ *District: _____ *Visit/Meeting Date: _____

☐ District Governor ☐ First Vice District Governor ☐ Second Vice District Governor

MEETINGS

District Meeting (D)

Up to **6** annually – within **your** district

- ☐ Club Officer Orientation
(60 days prior to or after June 30)
- ☐ District Cabinet Meeting
- ☐ District Convention
- ☐ District Membership or
Leadership Meeting

Meeting Location (City):

Multiple District Meeting (M)

Up to **3** meetings or events annually

- ☐ Council of Governors Meeting
- ☐ Multiple District Conference
- ☐ Multiple District Convention
- ☐ Multiple District Membership
or Leadership Meeting

Meeting Location (City):

International President (IP)

Or Vice President visit to **your** district or club

- ☐ International President
- ☐ First International Vice President
- ☐ Second International Vice President
- ☐ Third International Vice President

Meeting Location (City):

CLUB VISITS

New Club Organization (O): *These visits are for when forming a new club (prior to charter approval)

City: _____ Prospective Club Name: _____

Annual Club Visit (C): *Was this a multiple club visit? ☐ Yes ☐ No If yes, complete a visitation form for each club in attendance.

*Club Name: _____ *Club Number: _____

Does the Club:

- | | | | |
|---|--|---|--|
| Have a plan to recruit/retain members? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a website or is on social media? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Provide new member orientation and induction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Participates in Zone/District activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you consider this an active club? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Promotes and provides service activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they aware of resources to assist the club? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Contributed to LCIF? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have concerns? _____

What actions are you planning to take? _____

Other Comments: _____

Submit one report for each club visit or meeting being charged to LCI. Attach and note the event on your Travel Expense Claim Form. This form may be submitted electronically to dgexpenses@lionsclubs.org or fax to (630)468-6990 ***Required Fields**