



LIONS INTERNATIONAL DISTRICT 201 N5 EMERGENCY SUPPORT ACTION PLAN



Club Name: _____ **Region:** _____

Location of Emergency Support: _____

Type of Support: _____

Number of Club Members: _____

Reporting Venue: _____

Address: _____

Expected Duration of Support: _____

Support Activities Provided: _____

Equipment Provided for Support: _____

Size of Support Crew(s): _____

Schedule of Actions/Activities.

Team(s) Call out Time: _____

Assembly Point/Area: _____

Support Activity Briefing: _____

Method of Travel to Venue: _____

On Arrival Report To: _____

Team Rosters: _____

Work Routine for Team : _____

Rest Area For Team: _____

Communications Arrangement: _____

Signature of Club/Region Representative

dated: _____