

**Illinois Secretary of State  
Organ/Tissue Donor Program's Teen Community Service Program  
Lifesaving Education and Awareness on Donation (LEAD)**

**Event Description and Student Participation Form**

*Designated Advisors: Use this form to document each team event and student participation.*

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Designated Advisor:**

**Name/Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Team Name or Nickname (if desired):** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Type of Event:** (table event, speaking event, outreach/materials distribution event, etc.) Use an additional sheet if necessary to describe the event in detail.

\_\_\_\_\_

**Location:** \_\_\_\_\_

**Time of Event:** (from when to when) \_\_\_\_\_

**Supervisor at Event:** \_\_\_\_\_

**Name of students who participated**

**Number of hours student completed at event**

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