

# MENAI DISTRICT TOASTMASTERS CLUB

## Speaker Profile



Date of Meeting:	Order of Speaker:	
Name:		
Suburb:	Years in T.M.:	
Occupation:		
Hobbies/Interests:		
Speech from which Manual		
Communication [ ]		
Project Name:	Project Number:	
Advanced [ ]	Manual Name:	
Project Name:	Project Number:	
Speech time:	to	minutes
Evaluator of the speech is:		
Evaluator to read the Speakers objectives		
Title of Speech:		
Does the speaker require the lectern: (please tick the appropriate box(es))		
No [ ]      Yes [ ]    Left [ ]    Centre [ ]    Right [ ]		
<b>PLEASE GIVE THIS COMPLETED FORM TO THE TOASTMASTER ON THE NIGHT</b>		