

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 OR PATHWAYS				
Communication []				
Project Name:		Project Number:		
Pathways []				
Pathways Name:		Level Number:		
Advanced []				
Manual Name:		Project Number:		
Project Name:		Project Number:		
Speech time:		to		minutes
Evaluator of the speech is:				
Ask the Evaluator to read the Speakers objectives:				
Title of Speech:				
Does the speaker require the lectern: (please tick the appropriate boxes)				
No []	Yes []	Left []	Centre []	Right []
PLEASE GIVE THIS COMPLETED FORM TO THE TOASTMASTER ON THE NIGHT				