

# MENAI DISTRICT TOASTMASTERS CLUB

## Speaker Profile



Date of Meeting:		Order of Speaker:	
Name:			
Suburb:		Years in T.M.:	
Occupation:			
Hobbies/Interests:			

### SPEECH FROM WHICH PATHWAYS

Selected Pathways:		Pathways Level:	[ ]
Name of Pathways Topic:			

Speech time:		to		minutes
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Evaluator of the speech is:	
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Ask the Evaluator to read the Speakers objectives:	
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Title of Speech:	
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Does the speaker require the lectern: (please tick the appropriate boxes)
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No [ ]      Yes [ ]      Left [ ]      Centre [ ]      Right [ ]

**PLEASE GIVE THIS COMPLETED FORM TO THE TOASTMASTER ON THE NIGHT**