

## 2017-2018 CLUB AMBASSADOR PROGRAM (The Travelling Toastmaster)

**District 95** 

Visit Record: July 1, 2017 - May 1, 2018

| ABO   | UT THE AMB       | SASSADOR (Please print clearly or fill in)   |
|-------|------------------|--|
| Toas  | tmaster's Name   | s  |
| Emai  | l Address:       |  |
| Nam   | e of Home Club   |  |
| ABO   | UT THE VISI      | <u>T</u> :   |
| Nam   | e and the numb   | er of Club Visited   |
| Date  | of Visit/        |  |
| *Sigr | ature of Visited | Club's VPE (or other officer):   |
| []    | 2 points:        | Brought a friend with you on this club ambassador visit. Name of Friend:   |
| []    | 2 points:        | Visited an advanced club   |
| []    | 2 Points:        | Presented a Manual Speech at the club visited. Manual:   |
|       |                  | Speech Title:  |
| []    | 1 Point:         | Performed a Meeting Role (TM, Speaker, GE, Evaluator, Grammarian, etc.)  |
|       |                  | Role Performed:  |
| []    | 2 Points:        | List 3 unique things about the visited club.   |
|       |                  | 1  |
|       |                  | 2  |
|       |                  | 3.   |
| []    | 2 Points:        | Submit a photo of you with the visited club's banner or club members.  |
|       |                  | (Please include the name of the club and the names of those in the photo, if possible.)  |
| []    | 2 Points:        | Attended a Launch/Demo meeting for a new (non-chartered) club.   |
| []    | 1 Point:         | Tell us your favorite phrase/thought heard at the meeting:   |
| []    | 10 Points:       | Bonus: Attend Club, Area, Division or District Conference (other than yours), ask the Event Chair to sign this form for ten (10) additional points   |
| ABO   | UT SUBMITT       | ING THE FORM:  |
| of wh | nich I am not a  | e District 95 Travelling Toastmaster Program, I understand that I can only receive credit for visiting clubs member of on the date of my visit. If I am serving as an Area, Division or District Director, I can only ting clubs outside of my Area, Division or District of responsibility, respectively. |
| *Toa  | stmaster's Sigı  | nature Date Submitted//  |
| Subr  | nit completed f  | form(s) to via email to: Svetlana Breum, PQD, svetlanabreum@gmail.com  |
| Pleas | se include "CA   | P Form" in subject.  |