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#  Guest Questionnaire

Please insert here a photo of the applicant and partner

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| Rotarian's Name |  |
| Rotary Club |  |
| Partner's Name |  |
| Address: Street, Postal Code, City |  |
| Telephones (home + mobile) |  |
| E-mail address |  |
| Age(s) (optional) |  |
| Length of time in Rotary |  |
| Present classification  |  |
| What is (or was) your profession? |  |
| How many years? |  |
| What is (or was) your partner's profession? |  |
| How many years? |  |
| What are the names and ages of your children, their occupation, or if still at home? |  |
| Which are your hobbies and favourite spare time occupations? |  |
| Do you smoke? |  |
| Do you have any food restrictions? |  |
| Do you have any particular interests? |  |
| Do you have any specific wishes? |  |
| In an emergency who should we contact? |  |

Göran Korpe 230929