#

#  Host Questionnaire

Please insert here a photo of the applicant and partner

|  |  |
| --- | --- |
| Rotarian's Name |  |
| Rotary club |  |
| Partner's Name |  |
| Rotary Club |  |
| 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? |  |

*Göran Korpe 20230929*