



Thanks for visiting our club!

For Office Use Only

Club _____

Date of visit _____

Parent Name _____

Parent email _____

Child's Name _____ M / F Age _____

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How did you hear about Speakers League? _____

What areas are you most interested in? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Building confidence | <input type="checkbox"/> Being able to think on your feet and speak off the cuff |
| <input type="checkbox"/> Learning presentation techniques | <input type="checkbox"/> Critical thinking and evaluation |
| <input type="checkbox"/> Developing meeting management skills and personal responsibility | <input type="checkbox"/> Organizational ability |
| <input type="checkbox"/> Experiencing leadership opportunities | <input type="checkbox"/> Meet new friends |
| | <input type="checkbox"/> Other (use back of form) |



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