

PROPOSED TEAM MAKEUP AND REQUIRED QUALIFICATIONS:

Please provide brief description of experience required to provide value to this Training Team as well as qualification requirements deemed essential to this endeavour.

HOST- INTERNATIONAL PARTNER DETAILS:

District: _____

Contact Name: _____

Rotary position: _____ (i.e. Club President, VTT Committee Chair)

Telephone: _____ E-Mail: _____

Proposed Budget for the Vocational Training Team:

Income

District \$ _____

Expense

Travel \$ _____

Accommodation \$ _____

Meals \$ _____

Other \$ _____ (itemize specifics) _____

Total \$ _____ Total \$ _____

Proposed timing: (within Rotary year) _____

Proposed length of training: (3 weeks max):

Submitted on behalf of the Rotary Club of _____

Club President Name (please print): _____

Signature: _____ Date: _____

Submit to Dan Smith, VTT Chair by email to dsmith4416@gmail.com or your postal service delivery to 4416 Lakeside Drive, Bemus Point, NY 14712-9644.