****

**District 7120 Rotary Friendship Exchange Application**

Destination of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Please type or print clearly* | **Rotarian** | **Accompanying Person** |
| Name |  |  |
| Street |  |  |
| City, State |  |  |
| ZIP Code |  |  |
| Home Phone |  |  |
| Mobile Phone |  |  |
| Email |  |  |
| Age |  |  |
| Profession(s)  (Current or retired from) |  |  |
| Club Name/Location |  |  |
| Rotary Offices Held/Rotary Experience |  |  |
| Previous Friendship Exchange Experience |  |  |
| Hobbies and Interests |  |  |
| Any Specific Interests regarding this Friendship Exchange Location? |  |  |
| Any Food Allergies, Preferences, Special Dietary Needs or Requests? |  |  |
| Any Other Allergies (e.g., pets, smoke, plants, etc.)? |  |  |
| Are you a Smoker? |  |  |
| Any Mobility Concerns that hosts should be aware of (e.g., stairs are an issue)? |  |  |
| Any Health Concerns that hosts should be aware of (e.g., motion sickness)? |  |  |
| Any Requests re: Religion or other special preferences? |  |  |
| Emergency Contact Name |  |  |
| Emergency Contact Relationship |  |  |
| Emergency Contact Address |  |  |
| Emergency Contact Phone |  |  |
| Emergency Contact Email |  |  |

Revision: 24 February 2019 Document Control: PDG Bill Gormont, bill@empiremagic.com