



District 7120 Rotary Friendship Exchange Application

Destination of Interest: _____ Application Date: _____

<i>Please type or print clearly</i>	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		