



**District 83 Toastmasters
Officer Training Registration Form
(Please Print Clearly)**

NEW: You may use this form for multiple roles in multiple clubs

Date: _____ Training Location: _____

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

If we have any questions, what is the best number to reach you? _____

Email Address: _____

Education Level Completed: (please circle) CC ACB ACS ACG CL ALB ALS DTM Pathways: _____

I am working on (please list Traditional Educational program) _____

I am working on Path _____ Level 1 Level 2 Level 3 Level 4 Level 5

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Please list club and office for which you would like this training to receive credit: (see reverse side for more info)

Officer Role: _____ Club Name: _____

Club Number: _____ Area: _____ Div: _____

Officer Role: _____ Club Name: _____

Club Number: _____ Area: _____ Div: _____

Officer Role: _____ Club Name: _____

Club Number: _____ Area: _____ Div: _____

I am not an officer, but interested in learning more about the roles. (please circle if this applies to you)

I am from another District (enter District number: _____)

Please contact me about learning about a district officer/chair role _____

You MUST turn in this form to get CREDIT for OFFICER TRAINING!
NOTE: Club Number, Division and Area on back

