HEALTHY VOICE TOASTMASTERS
TIMERS REPORT

Timer Name: _____

Meeting Date: _____

Required Times in Minutes

	Qualify	Green	Yellow	Red	Disqualify
Table Topics:	1:00	1:00	1:30	2:00	2:31
CTM Speeches:	4:30	5:00	6:00	7:00	7:31
Ice Breaker:	3:30	4:00	5:00	6:00	6:31
Evaluators:	1:30	2:00	2:30	3:00	3:31

Speakers Name	Type	Time	Qualify? Y/N

*Speaker types: T = Table Topics, S = Speaker, E = Evaluator