



November 12th – 14th, 2020
This Form Must Be Submitted to the
Sponsoring Rotary Club
PRINT CLEARLY. We use this info to
print RYLA Certificate and send
Conference tee shirt

STUDENT - Return App. to
Rotary Club by 10/16/2020
ROTARY CLUB - Return App.
to RYLA Registrar by
10/21/2020

Name _____ Birth Date _____

Home Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Cell Phone _____ Student Counselor _____

High School _____ City _____

Grade _____ Gender _____ Email Address _____

T-Shirt Size SMALL MEDIUM LARGE X-LARGE

PARENT/GUARDIAN No Cost to Parent/Guardian

I give permission for my son/daughter _____ to attend the RYLA Virtual training, November 12th-14th, 2020. I understand that any infraction of the RYLA rules will result in my son/daughter being asked to leave the training.

Parent Day Phone _____ Evening Phone _____

Date _____ Parent Signature _____

SPONSORING ROTARY CLUB of _____ (REQUIRED BEFORE MAILING)

The information listed above is true and correct. We realize that it is our (sponsor club) responsibility to insure that the applicant has adequate transportation to and from RYLA. We also realize that the registration fee is non-refundable. Alternate applicants meeting the qualifications of the program may be substituted in cases of emergency. Realize that all applications are accepted on a "First Come, First Serve" basis.

Signature of Rotary Club President

Print/Type Name

Club Name

\$75.00 Payment Req. by Club (US Funds)
Remit to: Rotary District 6400
ONLY Rotary Clubs - Mail to:
Mr. Kris Moe
9477 Karen Street
Romulus, MI 48174-1504
Email: k_moe@comcast.net
Phone (734) 941-7224

RYLA Club Representative Address to send tee shirt and certificates

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during Rotary District 6400 - Rotary Youth Leadership Awards November 12th - 14th, 2020 through any video or photo, to be used solely for the purposes of Rotary International promotional material and publications, and waive any rights of compensation or ownership thereto.

_____ Age: _____
Name of Participant (please print)

Name of Parent/Guardian (please print)