



Rotary District 6330 RYLA / Seminar For Tomorrow's Leaders  
University of Western Ontario London, Ontario, Canada May 9-11, 2014

Over  
50 YEARS

## Registration Form (Please Print)

Last Name: \_\_\_\_\_ Given Names \_\_\_\_\_

Name or nickname you prefer to be called \_\_\_\_\_ Sex (circle) M F

Home Address (number & street) \_\_\_\_\_ City or Town \_\_\_\_\_

Province or State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Current Grade Level \_\_\_\_\_

My Secondary School \_\_\_\_\_

My Sponsoring Rotary Club \_\_\_\_\_

Your school counselors and your Rotary sponsors have chosen you to attend this Seminar because of the leadership abilities they believe you have demonstrated. Describe briefly some of the more significant activities in which you have been involved where you feel that this leadership has been shown. Include school, student government, Athletics, clubs, church and community, special honors, etc. (Be specific. You may add an additional sheet).

State your personal reasons for wanting to participate in this Seminar

Special Needs(specify) \_\_\_\_\_

I understand that my acceptance of the sponsorship to participate in the Seminar for Tomorrow's Leaders, commit me to participate actively in all Seminar sessions and activities, and to use the leadership knowledge and skills to the future benefit of my family, school, and community. I also hereby release Rotary international District 6330 from all liability.

Date: \_\_\_\_\_ Signature of Student \_\_\_\_\_



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## Parents / Guardian Information and Permission

Parents / Guardians Names \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work /cell phone (     ) \_\_\_\_\_

Other Work or cell (     ) \_\_\_\_\_

Alternate Emergency contact Name: \_\_\_\_\_

Emergency Contact Phone (     ) \_\_\_\_\_

(I, We ) give consent for \_\_\_\_\_ (student name)

to participate in the seminar for tomorrow's leaders hereby release Rotary international District 6330 from all liability.

Date: \_\_\_\_\_ Signature \_\_\_\_\_