



April 12 to April 16, 2019

RYLA 2019 NOMINATION FORM

Rotary Club Name _____
Club Contact Name: _____
Club Contact Email: _____

To be completed and SIGNED BY STUDENT AND PARENT.

This is not a registration form. Selected students will need to register using the on line registration

You can complete on your computer or print legibly.

Return to high school counselor by March 15. Selected students will be notified with additional information and registration materials. Additional information is also available at www.campryla.com. All fees for this workshop are paid for by the Rotary Club.

Student's Name: _____ Male ___ Female ___

Preferred Name: _____ School: _____ Grade: _____

Home Phone: (____) _____ Student Cell Phone: (____) _____

Student Email: _____

Home Address: _____

City: _____, State: _____ Zip: _____

Parent / Guardian Name _____

Parent /Guard. Cell Phone _____ Parent Email _____

Student Hobbies/Interests: _____

Student Clubs/Sports/Music Participation: _____

School Name: _____



April 12 to April 16, 2019

Student Honors and/or Awards: _____

Why I want to participate in the Rotary Youth Leadership Award program....

I agree to participate in RYLA Camp, April 12 to 16, 2019, for the entire weekend. I agree to notify the local, sponsoring Rotary Club Contact no later than April 1, 2019 if I cannot attend so that another student can be selected to take my place and the sponsoring Rotary Club will not lose its money.

Signed by Student _____

Signed by Parent _____