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

**RYLA 2020 NOMINATION FORM**

To be completed and SIGNED BY STUDENT AND PARENT.

This is not a registration form. Selected students will need to complete the online registration form.

Selected students will be notified with additional information and registration materials. Additional information is also available at [www.campryla.com](http://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 \_\_\_\_\_

School Name: \_\_\_\_\_

Student Hobbies/Interests:

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Student Clubs/Sports/Music Participation:

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|---------------------------|
| Rotary Club Name: _____   |
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Student Honors and/or Awards:

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

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I agree to participate in RYLA Camp, April 17 to 21, 2020, for the entire weekend. I agree to notify the local, sponsoring Rotary Club Contact no later than April 1, 2020 if I cannot attend so that another student can be selected to take my place and the sponsoring Rotary Club will not lose the registration fee.

Signed by Student \_\_\_\_\_

Signed by Parent \_\_\_\_\_