



Rotary International District 7730

Rotary Youth Leadership Conference
Trinity Center, Pine Knoll Shores, North Carolina
January 27-29, 2017



The Fayetteville Rotary Club's 2017 RYLA APPLICATION

Proudly Sponsored by the Rotary Club of The Fayetteville Rotary Club

Delegate or Alternate Information:

Name of Student: _____ Badge Name _____

Mailing Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Age _____ Gender _____ Grade _____ High School _____ T-Shirt Size _____

Most Important School Activities:

Most Important Offices Held:

Church, Community, Volunteer Activities:

Music, Special Interests and Hobbies:

APPLICATION SUSPENSE December 1, 2016

Please Email Completed Applications, in a single PDF Formatted File, to Dave Oskey at david.oskey@gmail.com and Henry "Ike" Eisenbarth at ehenry30@aol.com





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What do you hope to gain by being a RYLA Delegate?

What do you think are the major concerns of young people today?

What are your vocational interests?

Did local Rotarians interview you? Yes No

Will you attend your sponsoring Rotary Club meeting prior to attending RYLA? Yes No

Are you interested in knowing how to become an Interact Club Member? Yes No

Are you interested in becoming a Rotary Youth Exchange student to a foreign country? Yes No

Are either of your parents or guardians members of a Rotary Club? Yes No

Emergency Information:

Contact in case of emergency: _____ Relationship to you _____

Emergency Phone Number _____ Alternate Emergency Phone Number _____

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Medical Release and Recent Medical History:

Has your son/daughter had any recent exposure to contagious disease? Yes No

If Yes, what disease and when were they exposed?

Indicate any recent illness he/she may have had:

Are they subject to fainting? Yes No

List any food or other allergies:

Please list any special medication instructions, including all medications now being taken:

I understand that my signature is for my son/daughter's Information, Medical Release and Medical History. (Must be signed prior to attending RYLA)

Signature of Parent/Guardian _____ Date _____

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