



2016 FORM 1

SIGNATURE PAGE

Please print or type all information except where Signature is requested.

Signatures from the Rotary Club of _____

I, _____ wish to attend the RYLA on June 25-27, 2016 at Paul Smiths College. I agree to abide with the Code of Conduct as outlined on RYLA Form 4 and stipulate that the information given on Forms 2, 3, 4, 5 & 6 are mine.

Delegate Signature _____ dated _____

WE, the parents/guardian of _____ agree and stipulate that the medical release on RYLA Form 4 is acceptable to us and stipulate our approval and releases provided on Forms 4, 5, 6

Signed _____ & _____

print
names _____ & _____

dated _____

The Rotary Club of _____ endorses the above Delegate and certifies that we have Registered and paid for their attendance at the 2016 District 7040 RYLA at Paul Smiths College. We further certify that our interviewers, drivers and chaperones have complied with District 7040's Youth Protection Policy.

Signed _____ dated _____

Print
name _____ E-MAIL _____

This document with original signatures must be retained by the sponsoring club. Scan this document and E Mail it as a pdf attachment to Registrar *WilliamWBarnesIII@gmail.com* no later than June 1, 2016

Please Save as: DELEGATE LAST NAME. RYLA Form 1, YOUR Rotary Club NAME.pdf