



2012 – ROTARY YOUTH LEADERSHIP AWARD
February 23 - Sunday, February 26, 2012
REGISTRATION FORM

PLEASE PRINT CLEARLY – FORM MUST BE COMPLETED IN FULL

DELEGATE NAME: LAST _____, FIRST _____

GENDER: (PLEASE CIRCLE) MALE FEMALE

NAME OR NICKNAME AS YOU WANT IT TO APPEAR ON NAME TAG: _____

MAILING ADDRESS: _____

(CITY)

(ZIP)

TELEPHONE: (_____) _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

HIGH SCHOOL ATTENDING: _____ GRADE: _____

DO YOU HAVE SPECIAL DIETARY NEEDS? _____

VEGETARIAN? (PLEASE CIRCLE) YES NO

NAME OF SPONSORING ROTARY CLUB: _____

ROTARY CLUB CONTACT: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: (H) (_____) _____ (W) (_____) _____

IS DELEGATE'S PARENT A ROTARIAN? (PLEASE CIRCLE) YES NO

NAME OF PERSON PROVIDING TRANSPORTATION TO AND FROM RYLA:

(NOTE: DELEGATE MAY NOT DRIVE TO RYLA)

DROP-OFF THURSDAY _____ PICK-UP SUNDAY _____

TELEPHONE NUMBER OF TRANSPORTATION PERSON: PLEASE LIST CELL PHONE IF AVAILABLE

THURSDAY PHONE: (_____) _____ SUNDAY PHONE: (_____) _____

DELEGATE: RETURN THIS FORM TO THE ROTARY OR SCHOOL PERSON WHO GAVE IT TO YOU.

ROTARIAN: MAIL THIS FORM ALONG WITH THE **DELEGATE'S MEDICAL RELEASE FORM** TO:

BARBARA COGGINS, RYLA CHAIR
P O Box 181427
Casselberry, FL 32718