

RYLA Application Form

Date Payment Received: _____

Check # _____

Please note: Make Check to Rotary District 6670

Student Name _____

Address _____ City _____ zip _____

Date of Birth _____ Gender: Male _____ Female _____

Telephone: (Home) _____ (mobile) _____

Email _____

High School _____ Grade _____

Does your school have an Interact Club? Yes No

If "Yes", are you a member? _____

Mother's Name _____

Address (if different) _____

Telephone: (Home) _____ (mobile) _____

Father's Name _____

Address (if different) _____

Telephone: (Home) _____ (mobile) _____

Student Portfolio:

Special Interests and Talents:

Awards:

Extracurricular Activities:

Leadership Positions:

Future Profession:

Student Signature _____ Date _____

Sponsoring Club: _____

Club RYLA Chair: _____

Email: _____

Phone: _____ Mobile: _____

Committee Decision: Delegate 1st Alternate 2nd Alternate