



Rotary Youth Leadership Award

District 5300, Rotary International

March 5 – 7, 2010

RYLA 2010 PARTICIPANT COVER SHEET - PLEASE PRINT AND INCLUDE WITH YOUR STUDENT INFORMATION

NAME OF YOUR CLUB: _____

TO: RYLA REGISTRAR (Vicky Abbott)
Email: vabbott.rotary@gmail.com
Fax: 626-815-4964

FROM:
Name: _____
Email Address: _____
Fax Number _____
Phone Number _____

1. Please list each participant and alternate in the order of preference on this form.
2. Include a completed and signed *Parental Consent for Participation & Medical Treatment* form for each name listed (including alternates) – Page 1 & 4 of their application.
3. Scan and email or fax the forms to the RYLA Registrar. You must enclose this form.
4. If you have any questions please call the Registrar (Vicky Abbott) at 951-323-1669 or the Participant Coordinator (Mary Ann Avnet) at 702-510-1162.

MALE Participants (Order of Preference)	FEMALE Participants (Order of Preference)
1	1
2	2
3	3
4	4
5	5

6	6
7	7
8	8

MALE ALTERNATES (Order of Preference)	FEMALE ALTERNATES (Order of Preference)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
<i>Rev. 12/4/09</i>	