



c/o Anchorage Youth Development Coalition
 3350 Commercial Dr. Suite # 103 • Anchorage, AK 99501
Phone 907-388-1296 (Fairbanks based number) • **Fax** 907-277-4171 (Anchorage based number)
Email info@RYLA5010.org • **Web** www.RYLA5010.org

RYLA TEEN APPLICATION

TEEN INFORMATION (PLEASE PRINT)

Name _____		Gender _____	
High School _____		Grade (circle one) Sophomore or Junior	
Age _____	Birthday ____/____/____		
Mailing Address _____		City _____	
State/Province _____		Zip _____	
Home Telephone: () _____		Cell Phone () _____	
E-mail 1: _____		E-mail 2: _____	
Tee Shirt Size: S M L XL XXL XXXL			

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

NOTE: Answers should not exceed 50 words per question. Please type or write (print) clearly.

1. What are you passionate about?
2. What are your hobbies and interests?
3. Tell us about one or two of your goals that you have set for yourself?
4. How do you make a difference in the lives of your family, friends and community? (For example do you help take care of younger siblings, help your parents or grandparents or volunteer at a local non-profit)?
5. What motivated you to apply to attend RYLA?

PARENT/GUARDIAN INFORMATION (PLEASE PRINT) AND SIGNATURES

Parent/Guardian Name _____			
If different from above: Mailing Address _____			
Home Phone _____		Work Phone _____	Cell Phone _____
<input type="checkbox"/> I give permission for _____ to attend RYLA 2008, overnights at Elmendorf AFB, Thursday, March 27 – Sunday, March 30, 2008.			
<input type="checkbox"/> I understand we are responsible for arranging the Thursday and Friday time away from school.			
<input type="checkbox"/> We have reviewed and agree to the Facts for Parents and Teens.			
<input type="checkbox"/> If I have questions, I will e-mail vshaver@aydc.org to sign up for one of the following question & answer sessions via teleconference: Mon Feb 11 at 6 pm, Tues, Feb 12 at 7 pm, Wed Feb 13 at 3 pm, 4 pm & 5 pm. You must e-mail at least 24 hours in advance to guarantee we received your e-mail before the teleconference. Space is limited in each teleconference – so sign up as soon as possible. The questions and answer session is not mandatory – simply for your convenience. OR contact the local Rotary Club Representative below with any questions.			
_____		_____	
Parent/Guardian Signature		Teen Signature	Date
Printed name: _____		Printed name: _____	_____

PLEASE RETURN THIS FORM TO YOUR LOCAL ROTARY CLUB REPRESENTATIVE LISTED BELOW

Local RYLA REP Name	Rotary Club	Phone	E-mail
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