

RYLA 2010

DEAR RYLA REP –

**PLEASE PUT YOUR NAME
AND CONTACT INFO AT
THE BOTTOM OF THE
TEEN APPLICATION
FORM ****BEFORE**** YOU
MAKE COPIES OR SEND
IT OUT ELECTRONICALLY
OR TEENS WILL ****NOT****
KNOW HOW TO
CONTACT YOU!**

NOTE:

**DON'T FORGET TO
DELETE THIS COVER
PAGE WHEN YOU ADD
YOUR NAME AND
CONTACT INFO TO THE
BOTTOM OF THE
APPLICATION. IT IS
HELPFUL IF YOU SAVE
THE FILE AS YOUR ROTARY
CLUB_NAME _TEEN APPLICAION**

[RYLA TEEN APPLICATION]

SEE the bottom of the attached form – RYLA Reps need to delete this cover page and edit the form so that it has your contact information on the line just above the highlighted “Rotary Club,” “RYLA Rep Name,” etc. Questions or for help if you do not know how to do this call 907-884-9131. Thanks!



ROTARY YOUTH LEADERSHIP AWARDS 2010

RYLA TEEN APPLICATION

Deadline to submit application is March 25, 2010

TEEN INFORMATION (PLEASE PRINT)

Name: _____	Gender: M / F
High School: _____	Grade: 10 th or 11 th
Age: _____ Birthday (DD/MM/YYYY): _____ / _____ / _____	
Mailing Address: _____	City: _____
Province/ State: _____	Postal / ZIP Code: _____
Home telephone: () _____	Cell Phone: () _____
Email 1: _____	Email 2: _____
T-Shirt size S M L XL XXL 3XL	

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

Parent/Guardian Name _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

- I give permission for _____ to attend RYLA 2010, in Juneau AK, Thurs May 6-Sun May 9, 2010.
- I understand that I am responsible for arranging Wednesday through Friday away from school.
- We have reviewed and agree to the RYLA 2010 FAQ's.
- If I have questions, I will contact the local Rotary Club Representative below with any questions.

→ _____
Parent/Guardian Signature **Date**
 → Printed name:

→ _____
Teen Signature **Date**
 → Printed name:

PLEASE RETURN THIS FORM TO

Rotary Club	RYLA REP Name	Phone	EMAIL or Fax
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