



www.camp-ryla.org

Return to:
Tahoe Douglas Rotary
PO Box 533
Zephyr cove, NV 89448
DEADLINE: MARCH 1ST

ROTARY YOUTH LEADERSHIP AWARDS

APPLICATION FORM

Name: _____

Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Year you will complete your junior year: _____

Parent/Guardian:

Name: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

In case of emergency, contact: (if different from parent/guardian):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

How did you hear about the RYLA program?

Describe why you are applying to this program.

If accepted to the program, I agree to abide by its rules of conduct.

Applicant signature & date

Parent/guardian signature & date