



ROTARY YOUTH LEADERSHIP AWARD

**1 to 7 October 2005**

**APPLICATION FORM**

This form, completed by both the applicant and the sponsoring Rotary Club, must be returned to the District RYLA Committee before **31 July 2005**.

The accompanying document should be retained by the applicant.

**THIS APPLICATION FORM IS VALID FOR RYLA 2005 ONLY.**

Sponsoring Rotary Club:

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<b>APPLICANT TO COMPLETE THIS SECTION:</b>			
Name of Applicant:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Family Name</td> <td style="width: 40%; border: none;">Given Names</td> </tr> </table>	Family Name	Given Names
Family Name	Given Names		
Known as:			
Date of Birth:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Age at Seminar start (1 OCT 05):</td> <td style="width: 40%; border: none;">Years    Months</td> </tr> </table>	Age at Seminar start (1 OCT 05):	Years    Months
Age at Seminar start (1 OCT 05):	Years    Months		
<b>Note: All applicants must have attained the age of 18 years before 1 October 2005.</b>			
Marital status:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"></td> <td style="width: 40%; border: none;">Sex:</td> </tr> </table>		Sex:
	Sex:		
Home Address:			
	Postcode:		
Contact details:	Phone:		
	Mobile:		
	Email:		
Occupation and Employer:			
If student: College / University and Field of Study			
Any other relevant information:			

**APPLICANT TO COMPLETE THIS SECTION**

<p>Are you currently in a leadership role at work or in a community group? (List past and present positions held and the organisation(s) involved:</p>	
<p>List your interests in youth work:</p>	
<p>Explain briefly what you expect to gain from your attendance at the RYLA Seminar:</p>	
<p>List any additional qualifications / skills that you have (e.g. life saving certificate etc):</p>	
<p>Do you play a musical instrument and if so can you bring it to RYLA?</p>	
<p>Do you have any special dietary requirements (e.g. vegetarian, diabetic etc)?</p>	
<p>Do you have any health or physical condition (e.g. impaired hearing, physical disability etc)?</p>	

**APPLICANT TO COMPLETE THIS SECTION**

**PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY**

Name:	
Address:	
	Postcode
Contact Details:	Phone:
	Mobile:
	Email:

**APPLICANT TO COMPLETE THIS SECTION**

**APPLICANT'S RYLA CONTRACT OF FULL TIME ATTENDANCE**

I undertake that, if I am selected for RYLA 2005, I will register at the C.B. Alexander College, Tocal Road, Paterson, at 1 pm on Saturday 1 October 2005 and remain in constant residence until the completion of the Seminar at 2 pm on Friday 7 October 2005.

I also undertake to abide by the rules of the RYLA Seminar.

Signature of Applicant:

Signature of Witness:

**SPONSORING ROTARY CLUB TO COMPLETE THIS SECTION**

**This club nominates the applicant named on this form for RYLA 2005**

**OUR NOMINATION FEE IS ENCLOSED**

*(\$550 if nominated and sponsored by a Rotary Club,  
\$700 if nominated and sponsored by a company or individual)*

Print name of Club RYLA Officer:		
Contact details:	Home Phone:	Work Phone:
	Mobile:	
	Email:	
Sponsoring Rotary Club:		
Signature of Club President:		Date:
Signature of RYLA Officer:		Date:

**This Application Form must be fully completed, signed by the Rotary Club President and the Club RYLA Officer, copied for Club records and forwarded to the District RYLA Committee Secretary as early as possible by not later than 31 July 2005.**