



RYLA 2009 camp – District 2450  
**Application Form – RYLA 2009**



Name:																				
Address:																				
Tel. No.:										Fax No.:										
E-mail:										Nationality:										
Date of Birth:										Educational Background:										
Gender:	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>																
English Proficiency:	Excellent:	<input type="checkbox"/>	Good:	<input type="checkbox"/>	Fair:	<input type="checkbox"/>														
Sponsoring Club:																				
Are you a member of Rotaract?	Yes <input type="checkbox"/>									No <input type="checkbox"/>										
(If yes) Please state name of Rotaract club	Rotaract Club of: _____																			
Did you attend RYLA programme or any other similar programmes before?																				
Yes <input type="checkbox"/>									No <input type="checkbox"/>											
If yes, what was the programme name, date and location?																				
_____																				
(Please mention briefly your hobbies and interests)																				
_____																				
Do you have any chronic diseases or medical problems?																				
_____																				
(Please mention special food habits)																				
_____																				
<b>Arrival and Payments:</b> (for overseas awardees only)																				
Credit Card Information			VISA	<input type="checkbox"/>	M/C	<input type="checkbox"/>	AmEx	<input type="checkbox"/>	Expiry Date :	/	/									
			Card No.																	
Arrival date and time and trip info			Date:	/	/	.	Time:	AM / PM (Lebanon local time)												
			Airlines of:							Trip No.:										
Write in the following space 3 sentences about youth and their role in community:																				
_____																				
_____																				
_____																				
<b>In case of accident or illness,</b>																				
I _____,																				
hereby agree to any medical/ surgical treatments being administered where and when considered necessary, and agree that all associated costs are my full responsibility:																				
Signed: _____ Dated: _____																				
<b>Mode of Transportation:</b> Private Car <input type="checkbox"/> Carpooling <input type="checkbox"/> Need a Ride <input type="checkbox"/>																				
<b>Sponsoring Rotary Club:</b>																				
President / Secretary Name						Date						Signature								