RYLA Space Reservation Form

Rotary Clubs:

RESERVE CONFERENCE SPACE <u>ASAP</u>
FOR THE NUMBER OF STUDENTS YOU
WILL BE SENDING TO RYLA

- 1. Complete this form.
- Make your check payable to "Rotary District 7910 RYLA" for \$300 per student.
- Submit your reservation form & check no later than March 1 to the RYLA Treasurer.

SEE WEBSITE FOR CURRENT TREASURER'S MAILING ADDRESS www.ryla7910.org

IMPORTANT NOTES

Reservation forms <u>must</u> be postmarked by the deadline, and will not be accepted without full payment.

Refer to the CLUB ACTION PLAN (pages 4–6) for the next steps in selecting your students and getting them properly registered.

To ensure attendance eligibility, signed **Paperwork** for all Attendees AND

Alternates must be mailed to the Registrar
by April 15. (See Action Plan for details.)

PLEASE NOTE: Your payment is a commitment. If you fail to submit your students' signed paperwork by April 15, your candidates will not be able to attend. No refunds will be provided.

Should an selected Attendee withdraw or otherwise be unable to attend, the RYLA Registrar should be notified immediately. Taking into account the overall status of the registration process and any Alternates submitted by the sponsoring club, the Registrar will coordinate the substitution of an eligible student alternate with the involved club RYLA chair.

SUBMIT BY MARCH 1

RYLA SPACE RESERVATION

| Club: | | |
|---------------------------------------|---------------------|--|
| Number of Students: | | (Student names <u>NOT required right now</u>) |
| Enclosed Check Amount: | | \$\$300 per student |
| Student Selec | tion Method | l used by your club: |
| Club Members interview and select stu | | udents |
| Local School(s) select the students | | |
| Other – Please | describe: | |
| | | |
| | Contact In | fo (Required) |
| Club's RYLA C | hairperson | Club does not have a RYLA Chair |
| Name: | | |
| Street Address: | | |
| City, State, Zip: | | |
| PROVIDE AT LEAST ONE PHONE # | Home Phone: _ | |
| | Work Phone: | |
| | Cell Phone: | |
| Email Address: | | |
| Club Presiden | t | |
| Name: | | |
| Street Address: | | |
| City, State, Zip: | | |
| PROVIDE AT LEAST ONE PHONE # | | |
| | | |
| | | |
| Email Address: | | |
| REQUIRED Club Pro | esident's Signature | 2. |