

Castleton RYLA

ROTARY YOUTH LEADERSHIP AWARD

CANDIDATE APPLICATION FORM

(Please print or type)

Name _____

Address _____ Postcode _____

E-mail _____ Home Telephone _____

Mobile _____

Date of Birth _____

Sponsoring Rotary Club _____

Contact at the Rotary Club _____

Occupation or course of study _____

Employer or school;

Name _____

Address _____

Telephone _____

Leadership experience, if any _____

Consent of parent / guardian – please sign _____

To be completed by the applicant and returned to the host Rotary Club at :-

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To be returned by 31st December 2016