



College of Coastal Georgia, Brunswick Georgia
Rotary International District 6920

Primary Contact
RYLA Chair: Leslie Mattingly
rotaryd6920.ryla@gmail.com
(912) 222-5430

Mail to: District 6920 RYLA
P.O. Box 20461
St Simons Isl., GA 31522

Rotary Youth Leadership Awards

Club Registration and Nomination Reservation Form

Coastal College of Georgia, Brunswick, GA
Rotary International District 6920
June 12-15 2024

This form is to be completed by Rotary Clubs to register Students or Reserve Spots. Please submit one form for all registrations from your club however, feel free to submit additional forms if you opt to add additional students sponsored by your club.

Note: Rotarians often self pay for a relative or child they mentor. Please promote in your Club.

1. The fee paid by Clubs is determined by the date Club registration and payment is received. Clubs commit to sponsoring students, thus submitting this form & payment for each student sponsored - before knowing the names of the students selected. Clubs may nominate additional students as desired - until April 30, 2024, by sending an additional form with an additional check at the then correct fee.

Early Registration for RYLA 2024 is \$350.00 per student and ends November 23, 2023

November 23, 2023 - February 29, 2024 registration for RYLA 2024 is \$400.00 per student.

LATE REGISTRATION IS PERMITTED UNTIL APRIL 30. **THE COST IS \$450 per student**
(After registering 'spots', clubs will focus on student selection & student registration).

2. Rotary Clubs, please fill out your club registration form here or send a registration form request to rotaryd6920.ryla@gmail.com Information can also be found on the Rotary District 6920 Website under Programs, Youth, RYLA.

3. Payment is required to complete registration. The date payment is **received** determines cost.

4. Once payment is received from a club for RYLA 2024, the club will still need to register the student(s) being sponsored. It is the club's responsibility to make sure students are registered.

5. Last day to register a specific Student is April 30, 2024. This means ALL student related forms must be submitted or postmarked by that date, or the Registration will be rejected.

6. For Rotary Clubs, a full [100% refund] will be issued if you cancel by March 1 2024. You must contact Leslie Mattingly as soon as possible if your plans to sponsor a student change. Although refunds will **not** be granted after March 1, Clubs **can** register a **replacement** student until May 1, 2024. This refund & substitution policy will be strictly enforced.

7. Rotary Clubs are responsible for ensuring their Student's safe travel to and from RYLA.

CLUB REGISTRATION FORM

The Rotary Club of _____ President: _____ Phone _____

Number of RYLA Scholarships the Club is Awarding: _____

Name of Primary Rotary Club RYLA Contact: _____

Phone Number(s) Day: _____ Night: _____

Address of Rotary Contact: _____

Email of Rotary Contact: _____

Transportation to and from RYLA: It is the sole responsibility of the Club to make arrangements agreeable to the club for transportation. This can include whatever the Club deems appropriate. The CLUB must inform the RYLA Team details of drop off and pick up of the student in advance. We understand arrangements may evolve and change - however we need the name and contact info for the person in your club who will be ultimately responsible for ensuring mode of transportation.

Please provide NAME(s) and Mobile Phone number(s):

Transport to RYLA: _____

Pick up for return home: _____

IMPORTANT: this form is only the Club Registration form. Once Submitted, along with full payment for that registration, It reserves each spot at the cost based on date of submission.

Registration is not complete until the student submits their registration form and the (multiple) additional consents required by (Both) the University system and Rotary. These will be available on the District Website WWW.RotaryDistrict6920.org at District Services, Youth Services, RYLA.

By submitting this form and payment, the Club acknowledges understanding of all guidelines contained here and on the District Website, and accepts responsibility for safe transport of the Student to and from RYLA.

Club Name: _____

Date of submission _____.

TOTAL Number of RYLA Awards sponsored by the Club _____

Check for \$_____ Per Award is attached. Total of Check enclosed: \$_____

\$350 per Student until Nov 23, 2023. \$400 Per Student from Nov 23, 2023 - Feb 29, 2024

\$450 per Student from Feb 29, 2024 until final cut off date: 04/30/24

ALL Payments are Non-refundable after March 1, 2024.

Please mail to the address above.

Thank you!

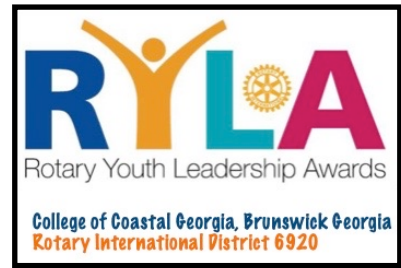
CLUB REGISTRATION FORM Naming Student Awardee(s)

Primary Contact

RYLA Chair: Leslie Mattingly
rotaryd6920.ryla@gmail.com
(912) 222-5430

Email or MAIL form to:

District 6920 RYLA
P.O. Box 20461
St. Simons Isl., GA 31522



For EACH student Your Club is Sponsoring to RYLA:

Please submit this form as soon as you know the name of your Student Awardee(s).
This will allow the RYLA committee to work directly with the students/families on further registration info.

Student 1:

The Rotary Club of _____ President: _____
Primary Rotarian Contact _____ Phone: _____
submits the following individual as Sponsored Awardee for RYLA:
Name: _____ Age: _____. Rising: Junior. Senior.
Sex: M. F. Address: _____
Phone: _____ Personal Email: _____
High School Attended: _____
Parent or Guardian Name(s): _____
Phone: _____ email: _____
Addl. Parent or Guardian Name(s): _____
Phone: _____ email: _____

Student 2:

The Rotary Club of _____ President: _____
Primary Rotarian Contact _____ Phone: _____
submits the following individual as Sponsored Awardee for RYLA:
Name: _____ Age: _____. Rising: Junior. Senior.
Sex: M. F. Address: _____
Phone: _____ Personal Email: _____
High School Attended: _____
Parent or Guardian Name(s): _____
Phone: _____ email: _____
Addl. Parent or Guardian Name(s): _____
Phone: _____ email: _____

Student 3:

The Rotary Club of _____ President: _____
Primary Rotarian Contact _____ Phone: _____
submits the following individual as Sponsored Awardee for RYLA:
Name: _____ Age: _____. Rising: Junior. Senior.
Sex: M. F. Address: _____
Phone: _____ Personal Email: _____
High School Attended: _____
Parent or Guardian Name(s): _____
Phone: _____ email: _____
Addl. Parent or Guardian Name(s): _____
Phone: _____ email: _____

ADDITIONAL RYLA CLUB REGISTRATIONS - FORM

Please Use this form if your club opts to register *additional students* for RYLA after previously submitting your initial Registration form:

The Rotary Club of _____ President: _____ Phone _____

Number of RYLA Scholarships the Club has **previously** registered for RYLA 2024 _____

Number of RYLA Scholarships The Club is Awarding **ON THIS FORM:** _____

Name of Primary Rotary Club RYLA Contact: _____

Phone Number(s) Day: _____ Night: _____

Address of Rotary Contact: _____

Email of Rotary Contact: _____

It is the sole responsibility of the Club to make arrangements agreeable to the club for transportation. We need the name and contact info for the person in your club who will be ultimately responsible for ensuring transportation for each student.

Transportation to and from RYLA: Please provide NAME(s) and Mobile Phone number(s):

Transport to RYLA: _____

Pick up for return home: _____

IMPORTANT: this form registers a space & name for additional Students. Please complete and return BOTH the requested CLUB information & the STUDENT information on the next page. With full payment for each student, It reserves the spot at the cost as of date of submission.

Registration is not complete until the student submits their registration form and the (multiple) additional consents required by (Both) the University system and Rotary. These will be available on the District Website WWW.RotaryDistrict6920.org at District Services, Youth Services, RYLA.

By submitting this form and payment, the Club acknowledges understanding of all guidelines contained here and on the District Website, and accepts responsibility for safe transport of the Student to and from RYLA.

Club Name: _____

Date of submission _____.

TOTAL number of RYLA Awards to be granted by this Rotary Club: _____

Number of RYLA Awards sponsored by the Club ***ON THIS FORM ONLY***: _____

Check for \$ _____ Per Additional Award is attached.

Total of Check enclosed: \$ _____

\$350 per Student until Nov 23, 2023. \$400 Per Student from Nov. 23, 2023 - Feb 29, 2024

Late Registrations: Accepted March 1 until April 30, 2024 @ \$450 per student

Please make Checks Payable to: Rotary D6920 RYLA

Non-refundable after March 1, 2024.

Mail forms & Checks to: **Rotary D6920 RYLA P.O. Box 20461 St Simons Island GA 31522**

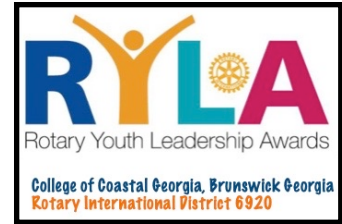
CLUB REGISTRATION FORM Naming Student Awardee(s)

Primary Contact

RYLA Chair: Leslie Mattingly
rotaryd6920.ryla@gmail.com
(912) 222-5430

Email or MAIL form to:

District 6920 RYLA
P.O. Box 20461
St. Simons Isl., GA 31522



For EACH student Your Club is Sponsoring to RYLA:

Please submit this form as soon as you know the name of your Student Awardee(s).

This will allow the RYLA committee to work directly with the students/families on further registration info.

Student:

The Rotary Club of _____ President: _____

Primary Rotarian Contact _____ Phone: _____

submits the following individual as Sponsored Awardee for RYLA:

Name: _____ Age: _____. Rising: Junior. Senior.

Sex: M. F. Address: _____

Phone: _____ Personal Email: _____

High School Attended: _____

Parent or Guardian Name(s): _____

Phone: _____ email: _____

Addl. Parent or Guardian Name(s): _____

Phone: _____ email: _____

Student :

The Rotary Club of _____ President: _____

Primary Rotarian Contact _____ Phone: _____

submits the following individual as Sponsored Awardee for RYLA:

Name: _____ Age: _____. Rising: Junior. Senior.

Sex: M. F. Address: _____

Phone: _____ Personal Email: _____

High School Attended: _____

Parent or Guardian Name(s): _____

Phone: _____ email: _____

Addl. Parent or Guardian Name(s): _____

Phone: _____ email: _____

Student :

The Rotary Club of _____ President: _____

Primary Rotarian Contact _____ Phone: _____

submits the following individual as Sponsored Awardee for RYLA:

Name: _____ Age: _____. Rising: Junior. Senior.

Sex: M. F. Address: _____

Phone: _____ Personal Email: _____

High School Attended: _____

Parent or Guardian Name(s): _____

Phone: _____ email: _____

Addl. Parent or Guardian Name(s): _____

Phone: _____ email: _____