

PHOTO

MANDATORY

REGISTRATION FORM

INTERNATIONAL RYLA 9-11 APRIL 2010, RIVERDALE SCHOOL, PUNE, DISTRICT 3140

1. Name : _____ Sex : Male Female Age : _____ Years

2. Address : _____

3. Email id (Mandatory) : _____ 4. Food Preference: Jain Non Jain

4. Medical Ailments (in any) : _____ Academic Status: Class _____ grade/college

Rotaract Club (If Applicable)

5. Name of Rotaract club : _____

6. College /school name : _____

7. Emergency Contact Name : _____ Mob : _____ Phone: _____

8. Registration fee: Cash Cheque No : _____ Bank _____ for Rs. 1,750/-
(in favor of "International RYLA", payable at Mumbai. (Registration Fee is non refundable)

POINT 8 ONLY APPLICABLE FOR NON ROTARACTORS :

9. Sponsoring Club : _____ R. I. District : _____

10. Your Life Goals: _____

11. Have you attended any International RYLA earlier? : Yes No

DECLARATION

I, _____, do hereby state that I am medically fit to attend the International RYLA & participate in the adventure activities. I agree that I shall not hold the Organizers responsible for any loss or damage of property, injury or accident. I agree to abide by the rules prescribed for the International RYLA and shall respect any decision taken by the Organizers in the event of any violation of the rules by me.

Place : Mumbai/_____

Date : _____

Signature of Participant/(Guardian in case of Minor)

Travel Details: Bus from Dadar to Pune 09/04 at 7 a.m. & return on 11/04 to Dadar at 9 p.m.