**Dr. Charles W. Johnson**

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rylalogo

# ROTARY YOUTH LEADERSHIP AWARDS South Georgia State College

Rotary International District 6920 Douglas, Georgia

June 11-14, 2020

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The Rotary Club of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_submits the following | | | | | | | | | | | |
| individual as sponsored Awardee for RYLA. | | | | | |  | |  |  |  |  |
|  | |  | |  |  |  | |  |  |  |  |
| Name |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Parent's Name |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Sex *(please circle)* | MALE | | | FEMALE | Age |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Phone (day) |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Phone (night) |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Phone (mobile) |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Address |  | | |  |  |  | |  |  |  |  |
|  | Street Address | | | |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
|  | City | | |  |  |  | |  | State | Zip |  |
|  |  | | |  |  |  | |  |  |  |  |
| T-Shirt Size (S/M/L/XL/XXL) |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| Name for Badge |  | | |  |  |  | |  |  |  |  |
|  |  | | |  |  |  | |  |  |  |  |
| E-mail address |  | | |  |  |  | |  |  |  |  |
|  | |  | |  |  |  | |  |  |  |  |
| May we share your name and Rotary Club sponsor with other attendees? | | | | | | | | | YES | NO |  |
|  | |  | |  |  |  |  | |  |  |  |
| Rotarian to contact at Sponsor Club | |  |  | |  |  |  | |  |  |  |
|  | |  |  | |  |  |  | |  |  |  |
| Phone (Day) | |  |  | |  |  |  | |  |  |  |
|  | |  |  | |  |  |  | |  |  |  |
| Phone (Night) | |  |  | |  |  |  | |  |  |  |
|  | |  |  | |  |  |  | |  |  |  |
| Rotarian's Home Address | | |  | |  |  |  | |  |  |  |
|  | |  | Address | |  |  |  | |  |  |  |
|  | |  |  | |  |  |  | |  |  |  |
|  | |  |  | |  |  |  | |  |  |  |
|  | |  | City | |  |  |  | | State | Zip |  |
|  | |  | |  |  |  |  | |  |  |  |
| Club check for $\_\_\_\_\_\_\_\_payable to **RYLA** is attached ($400.00 per person **Non-Refundable**)  *Please mail to the address above, thanks!* | | | | | | | | | | |  |