



DISTRICT RYLA - Lebanon



“Turning Your Vision Into Reality”

internal use:

Num.Reg:
Date:

Passport Photo

Personal	
Family Name	
First Name	
Date of Birth	
Gender: Male /Female	
Residential Address:	
Univeristy & Major	
Occupation	
Hobbies	
Telephone Number	
Mobile Number	
FAX Number	
Email Address	

Information	
Sponsor Rotary Club	
Volunteer Involvements:	
Health Problems, if - YES - Please State Blood Type:	
Do you have an Inssurance in case of accidents:	YES NO
If YES: Name of the Inssurance Company	

Emerergency Contact		
Family Name		
First Name		
Relation		
Residential Address		
Telephone Number		
Work Number		
Mobile Number		
Email Address		
Travel & Airline Information	Arrival Date:	Flight Number:
	Departure Date:	Flight Number:

N.B. : Please send this application to RYLA Secretary Christine Arzoumanian at christinearz@gmail.com along with passport copy for those residing outside lebanon.

I hereby agree to attend the RYLA seminar and to abide by the seminar regulations. I agree to participate fully in the seminar from 8/11 february 2018. I will not seek any concession on non-attendance from any part of the program. I will ensure I have a holiday leave from my job during the seminar time if working.

Sponsor Rotary Club Signature

Applicant Signature
