

Section 1:

To be completed by the Nominating Rotary Club and returned by 3rd March 2023

The members of the Rotary Club of ______ nominate the young person named below to attend the RYPEN Program at the Vertical Horizon Adventure Centre, Inglewood on **March 17th – 19th 2023**.

The fee of \$260.00 for Camp Fees and Course Expenses will be paid by this Rotary Club **when the Inglewood Rotary Club issues an invoice. The following details are essential:**

Club contact: Print Name	
Mobile:	

Signed _____ Email address print clearly:

Section 2: To be completed by Nominated Student

Nominee's details. Please print clearly.					
Full name:					
Known as:					
Gender:	Male 🗆	Female		Age:	(must be 15 -17)
Parent/Guardian/Caregiver Name:					
Home address:					
	City/Town				Postcode
Home Phone No:					
Home email:					
Mobile phone (parent):					
Mobile phone (student):					
Student Email; please print very clearly					
School/College					
I agree to abide by RYPEN's protocols and expectations (as per the consent form) and look forward to enjoying a challenging weekend.					
Signed (Student)				_ Date	2:

Inglewood Rotary Club, c/- 35 Rata Street, Inglewood 4330 rotary@inglewood.co.nz Phone 0274 426 943