



RYPEN Nomination/Registration Form 2021

Section 1: To be completed by Nominating Rotary Club

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 26th- 28th 2021**

The fee of \$245.00 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** _____ **Signed** _____
Mobile: _____ **Email address print clearly:** _____

Section 2: To be completed by Nominated Student

Nominee's details. Please print clearly.

Full name:		
Known as:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Age: _____ (must be 15 -17)	
Parent/Guardian/Caregiver Name:		
Home address:	_____	
	City/Town	Postcode
Home Phone No:		
Home email:		
Mobile phone No (parent):		
Mobile phone No (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: _____