

Rotary Youth Leadership Awards Seminar • Registration Form

December 11–13, 2009 • The Inn at Virginia Tech and Skelton Conference Center, Blacksburg, VA

Please print or type. Complete all spaces and use a separate form for each nominee.

Rotary Club Nomination

The _____ Rotary Club AM Noon PM supports the nomination of the individual listed below to attend the Rotary Youth Leadership Awards Seminar to be held at The Inn at Virginia Tech and Skelton Conference Center, Blacksburg, Virginia, December 11-13, 2009. ***This club accepts responsibility for transporting our nominee to and from the seminar.*** (Students should not be permitted to drive themselves without an adult or chaperone.)

President and/or Secretary (Signed)

Name _____ Age _____ Gender _____
(as it should appear on nametag and certificate)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Name of Sponsoring Rotary Club _____

Club Contact _____ Phone _____

Club Mailing Address _____

Treasurer's Name _____ Fed ID# * _____

Name of High School _____

Guidance Counselor _____

Phone _____ Email _____

Do you require vegetarian meals? Yes No

Fee Includes Food and Lodging—DO NOT Make Your Own Lodging Reservation

Please select option below (fees are for double occupancy).

- STUDENT \$250 per person by November 6; \$300 after November 6
- YOUTH EXCHANGE STUDENT \$200 per person
- CHAPERONE (double occupancy) \$200 per person

Seminar Guidelines

1. Delegates will be expected to participate fully in all activities.
2. Delegates are subject to the authority of the leaders and chaperones of the seminar.
3. No alcohol, drugs, or tobacco are permitted during the period covered by the seminar.
4. Delegates should not leave the premises of The Inn at Virginia Tech and Skelton Conference Center during the seminar period unless permission is received from a chaperone.
5. Rotarians and chaperones will be available to answer questions and concerns.

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*FID # necessary to process refunds

Parent/Guardian Acceptance

My son/daughter has discussed the Rotary Youth Leadership Awards Seminar with me and I hereby give permission to apply for participation as a delegate in the Rotary Youth Leadership Awards Seminar on December 11-13, 2009 on the Virginia Tech campus, Blacksburg, Virginia. I understand the seminar is conducted and supervised by Rotarians and selected chaperones. It is also understood that rules will be enforced to help assure the safety and well-being of each participant. I also give my approval to seek medical assistance should an emergency occur. I authorize the Rotary Club to randomly select a student of the same gender as my son/daughter's roommate.

Signature of Parent/Guardian _____ Date _____

In Case of Emergency, Name of Contact _____

Emergency Phone # _____ Cell Phone # _____

Email _____

I agree to be bound by the seminar guidelines.

Signature of Student _____ Date _____

Method of Payment: Payment of registration fee is required prior to seminar attendance. Registration will be processed when payment is received.

Check enclosed (Make payable to: **Treasurer, Virginia Tech CPE**)

Credit Card: Visa MC AmEx

Card No. _____ Exp. Date _____

Cardholder name _____

Cardholder signature _____ Date _____

Rotary Club to send completed form with payment for seminar registration **ONLY by November 6, 2009** to:

Conference Registrar
702 University City Blvd., Mail Code 0272
Continuing and Professional Education, Virginia Tech
Blacksburg, VA 24061

Phone: 540-231-5182
Fax: 540-231-3306 (for credit card registrations only)

Information provided is subject to the Freedom of Information Act guidelines.

Refund and Cancellation Policy

Requests for refunds will be honored when received seven calendar days prior to the program. However, another person may be substituted at any time for this program. A \$50 administrative fee will be deducted for cancellations. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments or unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

If you are a person with a disability and require any auxiliary aids, services or other accommodations for this event, please discuss your accommodation needs with Renee Schack at (540) 231-9617 or TDD 1 (800) 828-1120 by four weeks prior to the seminar.

Office Use	Received	AMT: _____
		CC/CHK#: _____
		DATE: _____

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