STUDENT INFORMATION FORM

Name: _____ M ____ F _____

Address: _____
Street

_____
City State Zip

Telephone: _____

e-Mail: _____

High School: _____

Sponsoring Rotary Club: _____

Rotary Club Chairperson: _____

Emergency Information

Parent or Guardian: _____

Address: _____
Street

_____
City State Zip

Telephone: _____

Health Insurance: _____

Allergies or special dietary requirements:_____

T-shirt size_____ Vegetarian Y ___ N ___

PLEASE MAKE SELECTION BY MAY 1.