

## GROUP REGISTRATION FORM - D6440 YOUTH ASSEMBLY

To ensure a great event, we don't need to know WHO is coming (although we'd like to), but we need to know HOW MANY to expect

REGISTRATION				Quantity:			
This registration is	s for (choose all that a	ipply):					
			Interact Club				
Interact Club Advisors							
Rotarians from the			Club				
Other students							
Other adults							
Total							
PAYMENT							
Registration is \$20 per participant							
Chack Englaced?	Amount and Check #						
OR	Amount and Check #						
Bill us at							
Name			OR PRING A CUECK TO THE ACCE	MADINI			
Address			OR BRING A CHECK TO THE ASSE	MBLY!			
Address 2							
City, St, Zip Phone							
Email							
Emaii							
Email the form to D6440YouthServices@gmail.com AND to gov.lyle@rotary6440.org							
If paying by check, mai	I the completed form and a	check for \$20 per att	endee to:				
If paying by check, mail the completed form and a check for \$20 per attendee to: D6440 Youth Assembly							
c/o Lyle Staab							
24 Championship Pkwy							
Hawthorn Woods, IL 60047							
If you know the names of the attendees, FOR THOSE OVER 13 YEARS OLD ONLY,							
could you please share that information?							
For Attendees over 13 years old ONLY							
First Name	Last Name	Attendee Type	Email	Phone			
Attendee Type: Interactor, Advisor, Rotarian, Other Student, Other Adult							
Continued on other side							

	For Attendees over 13 years old ONLY					
First Name	Last Name	Attendee Type	Email	Phone		
Attendee Type: I	nteractor, Advisor, Rotaria	n Other Student Other A	dult	I		