

Rotary District 5130
2010 Interact Leadership Retreat
April 9th – 11th , 2010

Please complete the following registration form and return to you Interact advisor right away.
Deadline to register is **March 15th 2010**.

Name _____ Male/Female Interact club _____

Home address _____ City _____

Home Phone # _____ t-shirt size S M L XL XXL (circle)

Sponsoring Rotary Club _____ Advisor _____

As I my included activity (circle one): Rocking wall climbing Rope course Archery

I would also like to try (circle): Rock climbing wall Rope course Archery at a cost to me of \$15.00 each

Parent's consent:

I give permission for _____ to attend the Interact leadership retreat from April 9th – April 11th and to participate in retreat activities. In case of emergency I authorize medical treatment.

In case of emergency I can be reached at () _____

Medical Allergies: _____

Food Allergies: _____

Prescription medicines: _____

Other health Notes: _____

Parent Signature

Date

NOTE TO ROTARY ADVISOR: Please have student fill out registration. Have parents write check to your Rotary club. Then have your club write a check to Interact District Committee/Ross Andress. Both names have to be on check for bank to accept because of free checking to Interact. Mail check and forms to Interact committee, 385 Baile De Ciervos, Santa Rosa, CA 95403. Phone (707) 481-6565.