

RYAG SHEEP



28 February 2023 to 4 March 2023

STUDENT NOMINATION FORM

Please complete Sections A, B and C. Your nomination then needs to be endorsed by a Rotary club. Contact your local Rotary club and ask them to complete and sign Section D.

The camp fee of \$250 must be included with your nomination. Many Rotary clubs assist students with part or all of the camp fee. If your club agrees to assist, please ask them to include full payment for \$250 with your nomination. You will need to reimburse your club for your portion of the payment. If no support is provided, include your own cheque for \$250 with the endorsed form.

Return your completed form, by 30 November 2022 to:

ryagsheep@walcharotary.org.au

OR RYAG SHEEP

"Eagle Ridge" Tabletop Road

Walcha NSW 2354

SECTION A – STUDENT DETAILS

_						
First Name:		Last Name:				
Preferred Name for Name Tag:			Gender:	Male / Female		
Home Phone:		Mobile Phone:				
Email:						
Address:						
	Town:		Postcode:			
School:			Year:			
Date of Birth:	A	Nge:	T-Shirt Size:	S/M/L/XL/XXL		
Medical Details – Allergies, medications etc:						
Special Diet Req	uirements:					
Brief Description of Experience with Sheep:						
Method of Travel to Walcha:						

SECTION B – PARENT DETAILS

First Name:	Last Name:				
Address:					
Home Phone:	 Work Phone:	Mobile:			
Email:					
SECTION C – P	ERMISSIONS				
PARENT PERMISS	ION				
	, give permission for my child, G Sheep camp from 28 February to 4 March 2023.				
I understand that students will be accommodated at the Walcha Showground and will travel by bus to experience a range of industry and research facilities and innovative farm operations in the New England.					
This permission includes all visits included in the RYAG Sheep Program, the program gala dinner and travel by bus.					
I understand my child will be governed by the usual rules of good behaviour applying to Rotary Youth Programs. I further understand that use of prohibited drugs, drinking of alcohol and cigarette smoking or vaping will not be permitted.					
using his / her nan	· ,	AG Sheep program, publishing the pictures and ne media for the purposes of information material			
Parent / Guardian	Signature:	Date:			
MEDICAL PERMIS	SION				
		ou shild			
	, give permission for r l and / or hospital attention in the case of a				
[Please note: In ad	ldition to the usual medical cover, we sugg	est your child has NSW Ambulance cover.]			
Parent / Guardian	Signature:	Date:			
STUDENT STATEM	IENT				
I,					
Student Signature	::	Date:			
SECTION D - R	ROTARY CLUB ENDORSEMENT				
The above stude	nt has the endorsement of the Rotary (Club of:			
Club Contact:					
Phone:	Email:				
The club will be assisting with sponsorship and will forward payment for the full amount:					
Secretary Signatur	re:	Date:			