



Name Child 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camp attending – please indicate  Junior  Intermediate  Senior

Any medical conditions \_\_\_\_\_

Name Child 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camp attending – please indicate  Junior  Intermediate  Senior

Any medical conditions \_\_\_\_\_

Name Child 3 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camp attending – please indicate  Junior  Intermediate  Senior

Any medical conditions \_\_\_\_\_

**Parent Contact Details:**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ 2<sup>nd</sup> Contact No: \_\_\_\_\_

**FEE - €55 PER CHILD – includes camp tshirt**  
**Please return form & fee to Aileen McGeever, 3 Ashleigh Close, College Farm Road**