

Summer Camp Application Form

9th – 12th July 2018 (10am -3pm)

€65 1st & 2nd child,

€50 per sibling thereafter e.g. 3 children is €180 (65x2 + 50)

All Proceeds go towards fund for All Weather facilities in Bandon

PLEASE COMPLETE FORM IN BLOCK CAPITALS!

NAME	
DATE OF BIRTH	
ADDRESS	
Contact Name & Mobile Number	
Contact Name & Mobile Number 2	
Family Doctor	
Doctor phone no	

Second Child Name	Date of Birth
Third Child Name	Date of Birth

Does your child have any medical conditions or allergies that our coaches should be made aware of? Yes _____ No _____

Please specify _____

I give permission to bring my child to a doctor or hospital in case of emergency.

I give permission for the above mobile numbers to be used to send information on Summer Camp

Parent/Guardian Name _____ Date _____

Email: secretary@bandonac.org Web: www.bandonac.org

ATHLETIC ASSOCIATION OF IRELAND

Form & payment to Carmel Lucey, Castle Road, Bandon, Co Cork
Cheques payable to Bandon AC

Summer Camp Application Form

Amount Paid _____

Date _____

Signed Parent/Guardian _____

Received on behalf of Bandon Athletic Club by _____

Email: secretary@bandonac.org **Web:** www.bandonac.org

ATHLETIC ASSOCIATION OF IRELAND

Form & payment to Carmel Lucey, Castle Road, Bandon, Co Cork
Cheques payable to Bandon AC