Bandon AC Summer Camp Application Form

4/5/6/7 July 2022 (10am -2pm)

€70 per child, (2 children €140 3 children €180)

* Child must have attended Junior Infants or older *

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 &			
	MobileNumber 2			
	Family Doctor			
	Doctor phone no			
	Class in school			
C -	and Child Name		DOD.	
	cond Child Name		DOB:	Class in School
ın	ird Child Name		DOB:	Class in School
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 I understand that photographs will be taken during camp and will be used for the promotion of athletics / Bandon A.C.				
Parent/Guardian NameDate				
Amount Paid Date Narration used in bank transfer				
Signed Parent/Guardian Received on behalf of Bandon Athletic Club by				
Email: secretary@bandonac.org Web: www.bandonac.org				
		ATHLETIC ASSOCIATI	ION OF IRELAND	

Payment via electronic transfer. IBAN: IE22 AIBK 9340 4642 5210 84 BIC: AIBKIE2D