



NEWCESTOWN CAMOGIE CAMP

4th April 9.30am-2pm & 5th April 10am-2pm

Name (1): _____ DOB: ___/___/___

Name (2): _____ DOB: ___/___/___

Name (3): _____ DOB: ___/___/___

Name (4): _____ DOB: ___/___/___

Name (5): _____ DOB: ___/___/___

Address: _____

Contact Name(1): _____ Phone No: _____

Contact Name(2): _____ Phone No: _____

Doctor's Name: _____ Phone No: _____

Does your child/children have any medical condition, allergies or special needs that our staff should be made aware of: Yes / No

If Yes, please state: _____

Parent Name: _____ Parent Signature: _____

Fee: €20 payable on first day of registration.