

Cappagh Easter Camp 2019

Application Form



Cheques made payable to Killyclogher GAA

Name (s)		Age (s)	
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School:	
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Home address:	
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Parent/Guardian (I consent / do not consent to my child being photographed/filmed as part of the Cappagh Easter Camp)

Email:	
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Contact No:	
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Medical Conditions (that we should be aware of, if any):
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Kit Size, please tick	Size 5/6	Size 7/8	Size 9/10	Size 10/11	Size 13/14

Signed:

Date: