

# Application Form 2025

(Please use one form per family)

Surname \_\_\_\_\_

First Name

Date of Birth

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Mobile No. \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

School \_\_\_\_\_

Venue

Date

Summer Camp

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate any medical condition or special needs we ought to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

## DEPOSIT / FEE

Each application must be accompanied by a deposit of €30 per child per week (non-refundable/non-transferable).

I enclose € \_\_\_\_\_ deposit / fee

I wish to remain on a mailing list to receive up to date news and offers Yes\_\_\_\_  
No\_\_\_\_



By signing below, I acknowledge I have read and agreed to the booking conditions

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

[www.letsgo.ie](http://www.letsgo.ie)