

Application Form

(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

Easter Camp: _____

Summer Camp _____

iPad 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 €20 per child per week (non-refundable/non-transferable). *Full fee for iPad Camp.

I enclose € _____ deposit / fee

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

Parent's/Guardian's Signature

Date



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