

irishhockey

Summer Camps

REGISTRATION FORM

Please print out and fill in the form below - attach a cheque for the right amount and send to:
Vivienne Clark,
Irish Hockey Association, Newstead,
UCD, Belfield, Dublin.

SELECT LOCATION:

County	Location	Dates	Age	Full Price
<input type="checkbox"/> Dublin 1	Wesley College	4 th – 8 th July	9-17	€160
<input type="checkbox"/> Galway	Mervue Utd	11 th – 15 th July	9-17	€160
<input type="checkbox"/> Cork	Garryduff	18 th – 22 nd July	9-17	€160
<input type="checkbox"/> Ulster	Mossley	1 st – 5 th August	9-17	€160
<input type="checkbox"/> Dublin 2	Wesley College	8 th – 12 th August	9-17	€160

PARTICIPANT DETAILS:

First Name :

Surname:

Address:

Date of Birth: dd/mm/yyyy

Sex: BOY GIRL

School:

School Team*: *if applicable

Club*: *if applicable

Club Team*: *if applicable

Playing Position: Defender Midfield Forward Anywhere Don't currently play

Any Medical Conditions: Yes No

If Yes, please give more details:

Further Comments:

PARENTAL / GUARDIAN DETAILS:

Parent/
Guardian 1 : **For reference purposes please ensure this name is the same name of the Credit card holder which will be used for processing camp payment.*

Mobile Number 1:

Parent/
Guardian 2::

Mobile Number 2:

Alt Emergency Number:

Email:

**Please note - this email address will be used for all correspondence*

I have read and agree to the Terms & Conditions

SIGNED:
