

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"/> Cork	Harlequins HC	July 12th - 16th	9-17	€160
<input type="checkbox"/> Dublin 1	Wesley College	July 19th - 23rd	9-17	€160
<input type="checkbox"/> Galway	Mervue Utd	July 26th - 30th	9-17	€160
<input type="checkbox"/> Ulster	Lisnagarvey HC	Aug 2nd - Aug 6th	9-17	£135 (stg)
<input type="checkbox"/> Dublin 2	Wesley College	Aug 9th - 13th	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:
