

MULTI EVENT BOOKING FORM (only one participant per booking form, please photocopy as required)

NAME: _____ AGE: _____ DATE OF BIRTH: _____

GENDER: Male Female ADDRESS: _____

HOME TELEPHONE NO: _____ PARTICIPANT'S E-MAIL: _____

PARTICIPANT'S MOBILE: _____

SPECIAL DIETARY/MEDICATION/ NEED REQUIREMENTS: _____

RETURN TRANSPORT REQUIRED FROM (PLEASE CIRCLE)

SUMMER MADNESS (2 ROUTES):

LIMERICK BIRDHILL NENAGH MONEYGALL ROSCREA
CLONAKILTY BANDON CORK MITCHELSTOWN PORTLAOISE DUBLIN

JUNIOR SUMMER CAMP ONLY:

LIMERICK BIRDHILL NENAGH MONEYGALL ROSCREA BIRR ATHLONE

SENIOR SUMMER CAMP ONLY:

ROSCREA MONEYGALL NENAGH BIRDHILL LIMERICK MALLOW CORK

BOOKING (PLEASE TICK):

SUMMER MADNESS €150 (full payment) - €130 (special offer discount)

JUNIOR SUMMER CAMP €100 (deposit) --€220 (full payment) - €200 (special offer discount)

SENIOR SUMMER CAMP €100 (deposit)--€220 (full payment) - €200 (special offer discount)

All cheques/postal orders to be made payable to U.D.Y.C. of Limerick & Killaloe

Payments may be lodged directly to UDYC Bank account as follows: IBAN: IE40 AIBK 9352 7124 5751 84 BIC: AIBKIE2D

CONSENT FORM (To be filled out by parent/guardian of participants)

PARENT/GUARDIAN'S NAME: _____ PARENT/GUARDIAN'S HOME TEL NO: _____

PARENT/GUARDIAN'S E-MAIL: _____ PARENT/GUARDIAN'S MOBILE NO: _____

ADDRESS (IF DIFFERENT): _____

NAME OF PARTICIPANT'S GP: _____ GP'S PHONE NUMBER: _____

I give permission for my son/daughter as named above to participate in events indicated above with United Diocesan Youth Council of Limerick, Killaloe & Ardfert. In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider or suitably qualified medical practitioner. If emergency hospital treatment is required, I authorise and adult leader to sign on my behalf any written form of consent required by the hospital, if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my son's/ daughter's photograph to be used in publicity whether printed, e-mail or on the website of U.D.Y.C.

(If YES, Please Tick)

I give permission for my son/ daughter to be contacted by mobile phone/text/e-mail in relation to U.D.Y.C events.

(If YES, Please Tick)

SIGNED: _____ DATE: _____

For further information please contact Edward at 087/2907553.

**All bookings and payments to be returned to United Diocesan Youth Council of Limerick & Killaloe,
c/o Edward Hardy, 22 Woodford Road, Clondalkin, Dublin 22.**

An information pack will be forwarded on receipt of booking form and payment.