

APPLY NOW!

(BLOCK LETTERS PLEASE)

NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

DATE OF BIRTH: _____ (dd / mm / yy)

AGE ON 1st OCT 2009: _____

SCHOOL: _____

FRIEND YOU'D LIKE TO SHARE ROOM WITH:

ATTENDING ▶

- Junior Camp (9-12yrs - Primary)
 Intermediate Camp (12-15yrs - Secondary)
 Senior Camp (15-19yrs - Secondary)

Availing of Ballybunion bus ▶ YES
 NO

FEES ▶

€65 Camp Fees to be paid prior to camp
plus €25 Bus travel to Ballyloughran
(PLEASE NOTE: No bus arranged for Junior camp)

I have enclosed € _____ :

- or ... Camp fees of €65
 Deposit of €20
plus Travel of €25

Please make cheques payable to "MCC"
and forward to Ruth Smyth

DO NOT SEND CASH!

Reductions available for 3rd and
subsequent family members

DON'T FORGET MEDICAL DETAILS!
(see reverse)



MEDICAL DETAILS

DOCTOR'S NAME: _____

DOCTOR'S PHONE NO: _____

PARENT'S MOBILE NO: _____

**Do you have any dietary or medical conditions
such as allergies, asthma, bed wetting, etc. or any
special needs?**

YES NO

(If the answer is yes, a detailed medical form will be
forwarded to you for completion and **immediate return**)

Have you been vaccinated against tetanus?

YES NO

If yes, please give an approximate date:

_____ (dd / mm / yy) ↑

CAMPER ▶ I, _____
CAMPER'S SIGNATURE ↑
have read and understood the camp rules.

CAMPERS UNDER 18 must have the *following*
completed by a **PARENT** or **GUARDIAN** ▼

I permit this camper to attend camp. YES
 NO

I give them permission to swim. YES
 NO

I give permission for paracetamol, cough medicine,
etc. to be administered if required. YES
 NO

NAME OF PARENT/GUARDIAN (BLOCK CAPITALS) ↑

SIGNATURE OF PARENT/GUARDIAN & DATE ↑