

APPLY NOW! (BLOCK LETTERS PLEASE)

NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

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

AGE ON 1st April 2010: _____ yrs _____ mths

SCHOOL: _____

FRIEND YOU'D LIKE TO SHARE ROOM WITH:

ATTENDING ▶

- Junior Camp (9-12yrs - PRIMARY)**
 Intermediate Camp (12-15yrs - SECONDARY)
 Senior Camp (15-19yrs)

FEES ▶ €65/€75 Camp Fees to be paid prior to camp

I have enclosed € _____ :

- Camp Fees of € _____**
or
 Deposit of €20

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

DO NOT POST 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: _____

EMERGENCY MOBILE NO: _____

**Do you have any dietary or medical conditions such as
allergies, asthma, bed wetting, 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**
to Ruth Smyth)*

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 ↑

