



C.L.G An Eaglais
Summer Camp 2017

Mon 3rd July - Wed 5th July

Name/s: _____

Age/s: _____

Home Address:

Name of Parent/Guardian _____

Contact No: _____

Medical Information: _____

Parent/Guardian Signature: _____

**I consent to photographs/images being taken during the summer camp
which may be used for promotional purposes**

I agree to first aid being administered should the need arise

Camp Fee: £20 per child