

 Easter Keeper Camps

Application Form

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Club Registered With** |  |
| **Mobile Number (Parent/Guardian if Under 18)** |  |
| **Email Address (Parent/Guardian if Under 18)** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Number** |  |
| **Goalkeeping Experience (if any)** |  |

**Venue**

Tuesday 11th April Maynooth University Registration 10.30am - Finish 5pm 🞏

Thursday 20th April University Of Limerick Registration 10.30am - Finish 5pm 🞏

**Medical Conditions**

*Please indicate any medical condition or special needs we ought to be aware of:*

**Food Allergies**

*Please indicate any food allergies we should be aware of:*

**Fee**

Each application must be accompanied by the non-refundable **€35** fee to confirm your place and sent to:

Lyn Savage, National Development Officer, LGFA, Croke Park, Dublin 3 or email lyn.savage@lgfa.ie

Cheque: *(made payable to Ladies Gaelic Football Association)*

Credit Card:

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sec Code: \_\_\_\_\_\_\_\_\_\_\_

**Signature (Parent/Guardian if U18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note participants must be registered playing members of LGFA**