

# FITTSTONES SUMMER CAMP



## Registration Form

Registration will be confirmed by email upon receipt of this form and payment

|                      |  |
|----------------------|--|
| Child Name:          |  |
| Date of Birth:       |  |
| Male/Female:         |  |
| Address:             |  |
| Parent/Guardian Name |  |
| Mobile:              |  |
| School:              |  |

|                            |  |
|----------------------------|--|
| Name of G.P.               |  |
| Number of G.P.             |  |
| Remarks of Medical Concern |  |

### *I would like to pay by:*

Cash  Cheque  Bank Transfer

### *Please Return to:*

Reception, Temple Carrig School, Blacklion,  
Greystones, Wicklow

### *Please enclose the following:*

This Form

Payment



TEMPLE  
CARRIG