



APPLICATION MUST BE COMPLETED BY AN ADULT IN BLOCK TYPE

name: _____ gender: M F

address: _____

email: _____ telephone: _____

school: _____ class: _____

emergency contact : _____

special dietary requirements : _____

CHOOSE 2 FAVOURITE SPORT ACTIVITIES FROM THE FOLLOWING

- | | | | |
|------------|--------------------------|------------------|--------------------------|
| Soccer | <input type="checkbox"/> | Walking / Hiking | <input type="checkbox"/> |
| Tag Rugby | <input type="checkbox"/> | Rounders | <input type="checkbox"/> |
| Basketball | <input type="checkbox"/> | Table Tennis | <input type="checkbox"/> |

COOKING EXPERIENCE

Some None A Lot

COURSE DATES (DAILY 09:00H - 16:00H)

Please tick preferred dates

1. Mon 2nd July - Fri 6 July
2. Mon 9th July - Fri 13 July
3. Mon 16 July - Fri 20 July

PAYMENT DETAILS

Bank Draft / Postal Order made out to Foodactive & crossed

Cheque with guarantee card number, name and address of applicant on back & made payable to Food Active

I have read and understood the enclosed terms & conditions & agree to have my child attend the Foodactive Summer Camp

Name: _____

Signed (Parent / Guardian) _____

All applications with payment should be posted to:
Foodactive, 42 Richmond Park, Monkstown, Co.Dublin
Contact: (086) 823 2358 / info@foodactive.ie