













APPLICATION MUST BE COMPLETED BY AN ADULT IN BLOCK TYPE

name:			gondor	M F
address:			gender.	
email:				
school:				
emergency contact:				
special dietary requiremer	nts :			
CHOOSE 2 FAVOURITE SP	ORT ACTIVITIES FRO	M THE FOLLOW	VING	
Soccer	Walking / Hiking			
Tag Rugby	Rounders			
Basketball	Table Tennis			
COOKING EXPERIENCE				
Some None	A Lot	1		
Joine None		J		
COURSE DATES (DAILY 09	:00H - 16:00H)			
Please tick preferred da	ites C	hoice of 1 o	r 2 weeks:	
1. Mon 1 - Fri 5 July	y 🗌 1	week (€22	25)	
2. Mon 8 - Fri 12 Ju	ıly 🗌 2	Weeks (€4	125)	
3. Mon 15 - Fri 19 J	uly 🗌			
PAYMENT DETAILS				
Bank Draft / Postal Orde	er made out to Irish (Schools Caterin	g Ltd	
Cheque with guarantee ca				_
applicant on back & made ; Bank Transfer:	payable to Irish Scho	ols Catering Ltd	i. [
IBAN IE93 AIBK 9310 3923 BIC AIBK IE2D	3 3980 02		[
I have read and understood	the enclosed terms 8	conditions & a	gree	
to have my child attend the				
Name:				
Signed (Parent / Guardian) _				
All applications with payme	nt should be posted	to:		
Foodactive, 42 Richmond	Park, Monkstown,			

Contact: (086) 823 2358 / info@foodactive.ie