

RUGBY SCHOOL.IE PRESENTS

# RUGBY SUMMER CAMPS

PARENT/GUARDIAN NAME ▼

CHILD'S NAME ▼ (please use one form per child)

CHILD'S AGE

DATE OF BIRTH

ADDRESS ▼

HOME PHONE NUMBER ▼

MOBILE PHONE NUMBER ▼

EMERGENCY CONTACT NAME & NUMBER ▼

YOUR E-MAIL ADDRESS ▼

SUPPLEMENTARY INFORMATION ▼

Please specify any relevant medical, educational or dietary requirements below:

PLEASE TICK YOUR CHOSEN COURSE FOR 2010 ▼

Week commencing:

28th JUNE

5th JULY

12th JULY

19th JULY

9th AUGUST

AMOUNT PAID

DATE

PARENT(S) SIGNATURE

PLEASE NOTE TERMS AND CONDITIONS. THANK YOU.

We may use photography of our rugby camps for promotional purposes.

If you do not consent to this child to be included in such photography, please tick the box: No, I do not give my consent: