

TEENAGE BOOKING FORM - SUMMER 2019

Student's Name:

Address:

School Attending:

Student's Age:

E-mail Address (confirmation sent by e-mail):

.....

Parent's Telephone:

Parent's Mobile:

Contact Name and Number in case of EMERGENCY

.....

Please tick the Box for the course/ workshop month required in relevant box & fill in Date Below

	June	July	August
GAEILGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCOUNTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOOK-KEEPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANIMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FILM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHOTOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATE AN APP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOKERY & BAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESENTATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of course/workshop you wish to attend:

.....
Please give details of any relevant medical information pertaining to your son/daughter:

.....
Do you give your son/daughter permission to take part in group photographs for the photo gallery on our website?

.....
Parent's/Guardian's Signature:

.....
(Cash/Cheques - Cheques should be made payable to Anne Ruane.)

Please return completed bookings forms and fees to:
Anne Ruane,
Columbus Club, 30 Lower Leeson Street, Dublin 2.