

# BOOKING FORM - EASTER 2018

Child's Name: .....

Address: .....

School Attending: .....

Age of Child: .....

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

Telephone: .....

Mobile: .....

**CONTACT NAME AND NUMBER IN CASE OF EMERGENCY**

**WEEK 1: 26/3/18 - 29/3/18**  **WEEK 2: 3/4/18 - 6/4/18**

**CAMP 1: ARTS & SPORTS CAMP**

**CAMP 2: MULTI-SPORTS & FITNESS CAMP**

**CAMP 3: BAKING & SEWING/KNITTING/EMBROIDERY/CROCHET CAMP**

**CAMP 4: LEGO/JUNIOR ENGINEERING/SCIENCE/CHESS CAMP**

**CAMP 5: STEM CAMP: SCIENCE/COMPUTER CODING/ENGINEERING/MATHS**

**CAMP 6: ANIMATION & ART CAMP**

**CAMP 7: FILM & CINEMATOGRAPHY & DRAMA CAMP**

**CAMP 8: CREATIVE WRITING/JUNIOR TOASTMASTERS/PRESENTATIONS**

**CAMP 9: IRISH CAMPS – OLD BELVEDERE RFC**

**CAMP 10: SPANISH CAMPS**

**CLASSES: PLEASE PLACE TICK IN BOX**

**READING**  **COMPREHENSION WORK**  **HANDWRITING**  **MATHS**

**PRIVATE BUS PICK UP & RETURN**

**GLASTHULE**  **BLACKROCK**  **DUNDRUM**

**PLEASE GIVE DETAILS OF ANY RELEVANT MEDICAL INFORMATION PERTAINING TO YOUR CHILD:**

Name of person(s) who will collect your child:

Parent's/Guardian's Signature:

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

Please return completed booking forms and fee to:

**Anne Ruane,**

**Columbus Club, 30 Lower Leeson Street, Dublin 2.**

**ONLINE BOOKING AVAILABLE ON WEBSITE**