

To book your place please contact

Text or call Gordon on **086 859 0888**

Email **buzzhockeyacademy@gmail.com**



Please state age, name of child, parents contact number and which camp you wish to attend.



APPLICATION FORM:

Child's name: DOB:

Address:

School:

Which Camp:

Parents Name & Contact No:

Parents Email:

Does the child have any disabilities / illnesses / allergies / special needs or are they on any medication that camp leaders need to be aware of:

I give permission for my child to walk home at the end of the activity. **Yes / No**

I will pick up my child at the end of the activity. **Yes / No**

I hereby give permission for my child to be photographed at the Buzz Hockey Academy Camp. (Buzz Hockey Academy reserves the right to publish any photographs taken during the event on its website and in its publications and/or to issue same to local and national newspapers/magazines and also certs that could be issued at the end of the camp) **Yes / No**

Parents / Guardians's Signature:



Please post Application form to:
Buzz Hockey Academy,
Fairway, Ballinaclea Rd., Killiney, Co. Dublin

