

**SECTION 3: ANY ALLERGIES/MEDICAL CONDITIONS:**

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**SECTION 4:**

If, for some reason, you would like your child to be in the same group as a relative / friend who is attending the camp, please indicate here:

Where age appropriate, we will do our best to accommodate this request, insofar as possible.

Child's name: \_\_\_\_\_

**SECTION 5: PARENTAL CONSENT**

- I have read what is involved in the Camp and I consent to my child/children attending.

- I give permission for photographs to be taken at the Summer Camp of my child/children to be used on the website, newspapers, any other media deemed appropriate.

- Please note that children are not permitted to have mobile phones on site during the camp. Please ensure they do not bring mobile phone with them.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**"ST THERÉSE - THE LITTLE FLOWER"**

BOOK EARLY  
TO AVOID  
DISAPPOINTMENT!

10am - 3pm



For Boys & Girls aged 6 - 12

**Town Hall, Mitchelstown**

Mon 18<sup>th</sup> - Thurs 21<sup>st</sup> July





The aim of the camp is to give children the opportunity to form a personal relationship with Jesus, through activities such as Arts & Crafts, Drama, Dance and Action Songs, Music, Team Games, prayer and plenty of fun!

The leaders for the week are local volunteers supported by local clergy and members of the Family of Mary Community, and also members of Youth 2000, young people who are deeply committed Catholics, and all give voluntarily of their time.

In accordance with Cloyne Diocesan Policy, all volunteers will be Garda Vetted.

**The Faith Camp runs from 10am – 3pm daily from Mon 18<sup>th</sup> – Thurs 21<sup>st</sup> July 2016.**

## WHAT TO BRING:

- o Packed Lunch, Rain jacket, Sun cap, Sun cream when appropriate.
- o All other materials and equipment will be supplied.

## COST OF CAMP:

- o **€40 for first child & €25 per additional child from the same family.** If paying by cheque / postal order, please make payable to "Mitchelstown Faith Camp."
- o Should cost be a concern, please talk to Canon Fitzgerald.
- o Please ensure that full payment is made before the first day of the camp.
- o The number of places available is limited.
- o This is a non-profit venture – money will be used for materials, equipment and subsistence of visiting youth leaders.

Please enclose full cost of camp to secure a place, along with completed application form and send to Catherine Hanley, Demesne, Mitchelstown. (087) 7727496. **Closing date 17<sup>th</sup> June 2016.** Please ensure you are given a receipted booking number.

# APPLICATION FORM

*(PLEASE ENSURE YOU COMPLETE BOTH SIDES OF THIS FORM)*

## SECTION 1: DETAILS OF CHILD/CHILDREN ATTENDING CAMP

Child's Name	Age	Class for coming Year 2016/2017
<b>Address</b>		

## SECTION 2: PARENT/GUARDIAN CONTACT DETAILS

Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Mobile No: \_\_\_\_\_ or Tel: \_\_\_\_\_

Please be contactable to collect your child during camp hours should the need arise. Please provide a name and number of person to be contacted if you are unavailable:

Name: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

**P.T.O.**