

Ireland

Registration Form (2 - 6 August)

Name: _____ Age: _____ Birthday: / /

Email Address: _____ Invited by: _____

Spouse: _____ Age: _____ Birthday: / /

Email Address: _____ Invited by: _____

Contact Number's: _____ / _____

Address: _____

	Children*	Age by 2 Aug	Birthday DD/MM/YYYY
1.	_____	_____	/ /
2.	_____	_____	/ /
3.	_____	_____	/ /
4.	_____	_____	/ /

* - if more than 4 children please add at the back of this form.

How did you know about the Family Camp? _____

Early Registration? (Y / N) ___ First time to Attend? (Y/N) ___ If No, when did you last attend? _____

Do you have Transportation? (Y / N) ___ If Yes, are you willing to car pool? (Y/N) How many seats? ___

Medical Conditions: _____

Schedule of Attendance: Full Dates Partial Dates Specify Dates: _____

Notes for the Committee: _____

I hereby declare that all information I have here are true and will be used only by WIN Ireland Church.

Signed: _____ Date: _____

For questions or suggestions please contact the 2017 Family Camp Coordinators Neil Gallagher @0877542720 or Ian Ramirez @0867288188

For further inquiries please check our website @ <http://wordinternationalireland.com/> or email us at FCRegistration@wordinternationalireland.com