

**ELITE
ADVENTURE & DEVELOPMENT
CAMP**

APPLICATION FORM

Name _____

Address _____

D.O.B _____

Contact Number _____

Contact Number Parents/NOK/Guardian _____

Name & Address _____

Signed _____ Date _____

Camp Week

Monday to Friday (5 Day Camp)
Dates / / / to / / /

Monday to Wednesday (3 Day Camp)
Dates / / / to / / /

Medical

If you suffer from any known medical condition or ailment such as Diabetes, Epilepsy, Asthma, Heart conditions or other please state here.

Yes/No: _____

If yes please specify-

Are you currently on any prescribed medication.

Yes/No _____

I, the under signed have answered fully to the best of my knowledge the above questions and state that I know of no reason why I should not partake in the above activities.

Signed _____ Date _____

Equipment to be brought by applicant.

Sleeping Bag	Rain Gear	Change of Clothing
Warm Clothes	Smile	Socks
Wash Gear	Towel	Sense of Humour
Torch	Foot Wear comfortable (Out Doors)	

Ring: 087 0557500

Or 087 2777529

Online at: info@elitepaintball.ie or elitecamp@o2mail.ie
69 Spring Meadow, Dungarvan, Co. Waterford. Ireland.