



Application Form 2016

Fantasy Football Camp

Phone: 087 622 5222

Email: info@jetasports.ie

Name: _____

Parent/Guardian's Name: _____

Address: _____

Email: _____

Phone: (Home) _____
(Mobile) _____

Age: _____ School: _____ Class: _____

Camp Number: _____

Does your child have any medical condition that our staff should be aware of?

If yes, please state: _____

Management reserves the right to call for medical assistance if and when necessary

Course places are only reserved when the application form is returned accompanied by **ADVANCED FULL PAYMENT**. A confirmation receipt will be sent via post, text or email.

Places on these courses are limited. Book early to avoid disappointment.

Please make cheques/money orders payable to **JETA Sports**.

Parent's Signature: _____

Please return completed application forms to:

JETA Sports
52 Lower Kilmacud Road
Stillorgan
Co. Dublin