Registration Form

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| Name(s) of Child/Children | Class | Age |
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| --- | --- |
| Name(s) of Parents/Guardians | Contact Details |
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Please give details below of the person to be contacted should your child need to go home from camp.

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| --- | --- |
| Emergency Contact Name | Emergency Contact Phone Number |
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| Special Needs/Allergies |
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| Fee included:  \_\_\_ child(ren)  Total: € |