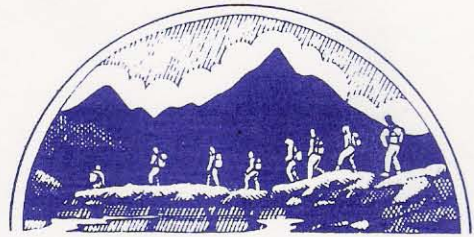


NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_



# Cappanalea

*Outdoor Education Centre*

Oulagh West, Caragh Lake, Killorglin, Co. Kerry.  
Telephone: (066) 9769244. Fax: (066) 9769266.

## REGISTRATION SHEET

GROUP NAME: \_\_\_\_\_ DATE OF COURSE: \_\_\_\_\_

	NAME	AGE IF UNDER 18	SWIM Y/N	GENDER		MEDICAL CONDITIONS
				M	F	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Please complete this form and return it immediately to Cappanalea.  
Retain carbon copy for your own records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>For Office Use Only</p> <p>Receipt No.: _____ Folio No.: _____</p> <p>Lodgement Book No(s): _____</p> <p>Staff: _____</p>
--