

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_



# Cappanalea

*Outdoor Education & Training Centre*

Oulagh West, Caragh Lake, Killorglin, Co. Kerry.  
Telephone: (066) 9769244 Fax: (066) 9769266  
www.cappanalea.ie info@cappanalea.ie

## REGISTRATION SHEET

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

	NAME	AGE <small>IF UNDER 18</small>	SWIM Y/N	GENDER		MEDICAL / HEALTH RELATED CONCERNS SPECIAL DIETARY REQUIREMENTS
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Please complete this form and return it immediately to Cappanalea. Retain carbon copy for your own records.

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

<b>For Office Use Only</b>	
Receipt No.: _____	EFT <input type="checkbox"/>
Lodgement Book No(s): _____	
Staff: _____	