

Application Form

(Please use one form per class teacher)

School Name: _____

School Address: _____

School Email Address: _____

Please tick box if you DO NOT wish to receive correspondence via email ☐

School Contact No: _____

Name of Teacher: _____

Teacher Contact No: _____

Class: _____ No. of Children: Boys _____ Girls _____

Date of Tour: _____

Arrival Time: 9.30am ☐ 10.15am ☐

Please indicate if any child in your class has a medical condition, special requirements or special needs

DEPOSIT FEE

Each application must be accompanied by a deposit of €100 deposit
(non-refundable)

I enclose € _____ deposit

By signing below, I acknowledge I have read and agreed to the booking conditions.

Teacher's Signature _____ Date _____



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