



Application Form for the 2010 Eucharistic Crusade Summer Camp

To be returned as soon as possible

I, the undersigned

(Name and Surname)

give permission to my child,

(Christian Name)

(Family Name)

(Date of Birth)

to participate in the activities, outings included, of the **Eucharistic Crusade Summer Camp**, organised by the priests of the Society of St Pius X,

- for girls from Friday 16 July (5 pm) to Sunday 25 July (noon) 2010
- for boys from Sunday 25 July (noon) to Saturday 31 July (noon) 2010

Both camps will be based in Sandville House Hostel, Ballyconnell, Co. Cavan

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In relation to your child is there any medical information that the Chaplain and the Camp Leader need to know? (Allergies, Asthma etc...)

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I give also my permission in case of emergency for an anesthetic. In case of sickness of my child please contact me at the following address:

(Address)..... (Tel.)

..... (Tel.)

(Date)

(Signature)