



Easter Fun Camp 2018



Hurling & Camogie, Naas G.A.A

Tuesday 3rd April to Friday 6th April (inclusive)
(10.30am — 2.00pm)

Learn the skills of our great game in a fun & safe environment .
For Boys Girls aged 5 to 14 years inclusive

How to Apply



Free Beanie hat & sliotar for each camp participant



- ⇒ Submit application form with fee to any of the contacts below.
- ⇒ Places are guaranteed for applications received by Wednesday 28th March

Cost

First child €50, second & third are charged €30 each. Maximum cost per family €110.

Please remember to:

- ◆ Bring adequate and appropriate clothing for the weather
- ◆ **Put your child's name tag/contact number on bags and hurling equipment.**
A limited supply of helmets & hurleys will be available for beginners.
- ◆ Have a good breakfast and bring a packed lunch.

Easter Camp Contacts:

U 14s	Mairtín Boran	086 2325565	U 14s	Damian McGrath	087 1950868
U 13s	Bernard Delany	086 8369123	U 13s	Rob O'Neill	087 8287259
U 12s	Seán Tobin	085 8518364	U 12s	Fergus Ryan	087 2455832
U 11s	Frank Carolan	086 3867820	U 11s	Kevin Maher	087 8228999
U 10s	Marc Critchlow	086 8815627	U 10s	Robert Lockhart	087 2217103
U 9s	Enda Scott	087 7777199	U 9s	Robert Lockhart	087 2217103
U 8s	Garrett Byrne	087 9481970	U 8s	Mary Magee	087 7863356
U 7s	Declan O'Rourke	086 8213477	U 7s	Cian O'Meara	0879127293
U 5/6s	John Holmes	087 2563480	U 5/6s	Cian O'Meara	0879127293

Easter Hurling

Yes/No

Camp Application Form

Name: _____ DOB _____ School _____ Played Before _____

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Name: _____ DOB _____ School _____ Played Before _____

Address: _____ Contact No. _____

➡ **Camp Rules :** In the interest of Health & Safety no child is permitted to leave the Club grounds for the duration of the Camp. Children may be sent home for serious misbehaviour or repeated failure to adhere to the standards of behaviour expected. Our emphasis is on making this an enjoyable and fun week for all boys and girls.

I have read and agree to abide by the Naas GAA Code of Practice (see www.naasgaa.ie for more details).

Signed: _____ Date _____

Parent/Guardian