



ENTRY FORM ◇◇◇◇◇◇◇◇◇◇ 2017

NATIONAL FINALS

NAME OF LOCAL YOUTH SERVICE:
NAME OF CLUB:
AGE CATEGORY:
EVENT:

NOTE: PLEASE USE BLOCK CAPITALS ONLY - INCOMPLETE FORMS WILL BE RETURNED.

	NAME	Date of Birth	Male/ Female
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

<i>FOR NATIONAL OFFICE USE ONLY</i>		

If this is a mixed event please name TWO accompanying leaders

1			Female
2			Male

THIS FORM MUST BE SIGNED BY THE STAFF PERSON FROM YOUR REGIONAL OFFICE WHO IS THE CONTACT FOR THE YOUTH WORK IRELAND NATIONAL GAMES

SIGNED:
