



Youth Work Ireland

# ENTRY FORM: NOLLÁIG

PARTICIPANT NAME:
HOME CONTACT NO:
AGE:
DATE OF BIRTH:

PLEASE CIRCLE YOUR AGE CATEGORY    5-9            10-14            15-18
NAME OF YOUTH CLUB/GROUP:
NAME OF LEADER:
PHONE NUMBER OF LEADER:
NAME OF LOCAL YOUTH SERVICE:
NAME OF CONTACT IN LOCAL YOUTH SERVICE:
PHONE NUMBER OF CONTACT IN LOCAL YOUTH SERVICE
SIGNED (BY LYS CONTACT):
DATE:

Please note: Entries cannot be returned.

Please return this form to:

Geraldine Moore, Nollaig 2017, Youth Work Ireland, 20 Lower Dominick Street,  
Dublin 1 by 16 November 2017.