



Youth Work Ireland

# ENTRY FORM: NOLLAIG

<b>PARTICIPANT NAME:</b>
<b>AGE:</b>
<b>DATE OF BIRTH:</b>

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

**Please note: Entries cannot be returned.**

**Please return this form to:**

**Geraldine Moore, Nollaig 2025, Youth Work Ireland, 20 Lower Dominick Street,  
Dublin 1 by 14 November 2025.**