

ENTRY FORM: NOLLAIG

PARTICIPANT NAME:
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 2025, Youth Work Ireland, 20 Lower Dominick Street,
Dublin 1 by 13 November 2026.**