



# Castledaly Manor

We ask that Parent/Guardian complete form:

**Winter** (Ages: 14-17) **€80**   
2<sup>nd</sup> - 5<sup>th</sup> Jan

**Refocus** (5<sup>th</sup> & 6<sup>th</sup> Yr students) **€60**   
21<sup>st</sup> - 23<sup>rd</sup> Feb

**Youth** (Ages: 14-17) **€160**   
7<sup>th</sup>-13<sup>th</sup> July

**Senior** (Ages: 11-14) **€160**   
14<sup>th</sup> - 20<sup>th</sup> July

**Junior** (Ages: 8-11) **€160**   
28<sup>th</sup> July - 3<sup>rd</sup> Aug

Please see website for details on the following.

**Fellowship Work Week** (Ages:18+)  
30<sup>th</sup> June -6<sup>th</sup> July

**Family Camp**  
21<sup>st</sup>-27<sup>th</sup> July

**Camper's Information** (BLOCK CAPITALS Please)

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

D.O.B: DD / MM / YYYY Gender: \_\_\_\_\_

Age at camp: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Friends with whom you wish to share?  
\_\_\_\_\_  
\_\_\_\_\_

*Does the camper have any of the following we should be aware of?*

- Dietary Requirements: Yes \_\_\_ No \_\_\_

If yes, please state:  
\_\_\_\_\_  
\_\_\_\_\_

Any other additional information we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address if different: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name 2: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

Email Address in block capitals:  
\_\_\_\_\_

**I consent to be contacted concerning BCM Ireland and camps.**

BCM Ireland ensures all your data and your children's data is kept safe in accordance with the 2018 GDPR regulations. You may view our privacy policy online or if you require a hard copy, contact the office.

Consent

By signing below, you give your consent to the following.

- I, the Parent/Guardian hereby give my consent for the above named to attend BCM residential Camp.
- I give my consent for the above named to participate in all on-site and off-site activities all under proper supervision
- I also consent to the above named being included in photographs.

**In order that the camp be enjoyable for all, certain rules must apply and I accept that the above named must abide by these rules.**

Signed: Parent/ Guardian

I enclose: € \_\_\_\_\_

**Deposit of €30 per camper for Winter Camp and Refocus and €80 for summer camps. The deposit is due with registration form and is non-refundable.**

**Summer Camp Discounts**

EARLY BIRD BOOKING €10 off - 19<sup>th</sup> April  
FAMILY: €10 off per child if in the same family.

**Cheques or Postal orders to be made out to BCM Ireland**

**Return to:**

Camps Administrator      camps@bcmireland.ie  
Castledaly Manor,      Phone: 090 648 2223  
Castledaly,      www.bcmireland.ie  
Athlone,  
Co. Westmeath  
N37 TR68