



Application Form

RESCUE EMERGENCY CARE FIRST AID COURSE - REC 2

Saturday 25th & Sunday 26th September 2010
9.30 to 5pm
City Venue (to be confirmed)

Club/Organisation Name: _____

Affiliated NGB: _____

Participants Name: _____
(Attending course)

Address: _____

Contact No. : _____ (home) _____ (mobile)

Email: _____

PLEASE NOTE:

Participants must provide their own lunch.
Participants must be over 16 years of age.

Please make cheques payable to: **Waterford Sports Partnership**

Please send completed form & €75.00 fee to:

Peter Jones, Waterford Sports Partnership,
Civic Offices, Dungarvan, Co. Waterford
Tel. 058 21191
pjones@waterfordsportpartnership.ie