



**BURREN OUTDOOR EDUCATION CENTRE,  
Turlough, Bell Harbour, Co. Clare.**

**ADVENTURE CAMP INDIVIDUAL BOOKING FORM**

**Please contact our office on 065 -7078066 or by email [burrenoec@lcebt.ie](mailto:burrenoec@lcebt.ie) to confirm availability before returning this form.**

Circle: Male	Female
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Adventure Camp Dates: .....

Participant's Name: .....

Address: .....

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Date of Birth (D/M/Y): ..... Age during camp: .....

How many previous B.O.E.C. adventure camps have you attended? Years: .....

**Hoodie size Youth: S M L XL \_\_\_\_\_ Adult: S M L LX \_\_\_\_\_**

**Emergency Contact Details – Parent / Guardian**

Phone No: (H) ..... Mobile: \_\_\_\_\_

Phone No: (W) ..... E-mail: \_\_\_\_\_

**Any Special Dietary Requirements?** .....

Does your child have any medical, behavioral or ability issues which may affect their safety or the safety of others while participating in activities?

YES NO

If yes please provide details .....

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If you wish to be grouped with friends please list names .....

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**PLEASE NOTE BOOKINGS WILL ONLY BE CONFIRMED ON RECEIPT OF A NON REFUNDABLE DEPOSIT OF €100 TOGETHER WITH THIS SIGNED BOOKING FORM TO ABOVE ADDRESS ONE MONTH BEFORE THE CAMP. LATE CANCELLATION WILL INCUR A FEE.**

**Cheque payable to Limerick & Clare Education and Training Board (LCETB)**

If my application is accepted, I agree that my child will abide by such regulations as Burren OEC / LCETB or its representatives may consider advisable to make, in order to secure the safety and comforts of those taking part in the camp. I understand that the courses run at the Burren O.E.C. are hazardous by their very nature.

**Signature of Parent/Guardian** ..... **Date** .....