

Family Day Registration

Parent/Guardian's Name: _____

Child/Children's Name: _____

Child/Children's Age: _____

Is this your first time attending a Family Day? Yes / No

How did you hear about today's event? _____

If you would like to find out about our other children's events
please fill in contact details in your preferred method of contact:

Already on our mailing list? Yes/No

Email Address: _____

Phone Number: _____

Postal Address: _____

Thank you! We hope to see you in Draíocht again soon!

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