

Children's Officer Training Expression of Interest & Course Registration Form

CLUB DETAILS:

Club Name: _____ Club Address: _____ _____ Club Email: _____	Club Chairperson / President: _____ Contact Tel: _____ Mob: _____ Email: _____
--	---

CLUB NOMINEE(S) DETAILS:

Nominee 1	Nominee 2
Name: _____	Name: _____
Position in Club: _____	Position in Club: _____
Contact Address: _____	Contact Address: _____
_____	_____
Tel: _____	Tel: _____
Mob: _____	Mob: _____
Email: _____	Email: _____
Date Child Protection in Sport Awareness Workshop Completed _____	Date Child Protection in Sport Awareness Workshop Completed _____
Certificate No: _____	Certificate No: _____
Nominees Signature(s) _____	Nominees Signature(s) _____
Date: _____	Date: _____

NOMINATIONS APPROVED BY CLUB CHAIRPERSON / PRESIDENT

Signed: _____

Date: _____

PAYMENT DETAILS:

€25 per person

(All cheques made payable to Donegal Sports Partnership)

Total Payment

€ _____

Cheque

Cash

PO

**RETURN YOUR COMPLETED REGISTRATION FORM AND PAYMENT TO DONEGAL SPORTS PARTNERSHIP
(ADDRESS LISTED BELOW)**