



Donegal Sports Ability Day Registration Form



Name: _____ Age: _____

Address: _____

Mobile No: _____ Emergency No: _____

Type of Disability: (Please Tick)

Physical Visual Hearing Learning

Medical Difficulty Mental Health Difficulty

Other (Please Specify) _____

Do You Use? (Please Tick)

Wheelchair Powerchair

I give permission for myself/son/daughter to be photographed during the event and for the media to be used for promotional purposes by Donegal Local Sports Partnership.

Yes No

.....
Signed: Participant

.....
Signed: Parent/Guardian (if under 18)

Please Complete Form and Return To:
Thérèse Laverty,
Donegal Sports Partnership,
Office No 7, First Floor Unit,
River Front House, Pearse Road, Letterkenny
Phone : 074 (91)16078/16079 Fax: 074 (91)16707
Email:sidoactivedonegal@gmail.com