

DONEGAL WALKING WEEK 2009

FitWalk Clinic Application Form

(hosted by Donegal Sports Partnership)



Date: _____
Time: _____
Venue: _____

I wish to attend the *FitWalk Clinic*

Name: _____ Tel No. _____
Address: _____ Mob: _____
_____ E-mail: _____

FEE: €15.00 enclosed Cheque Postal Order Bank Draft

I understand that:

- I take part in the clinic entirely at my own risk;
- Places are limited and offered on a first-come-first-served basis.

Signed: _____ Date: _____

Return the completed form and payment to:

Donegal Sports Partnership
Office No. 7, River Front House
Pearse Road
Letterkenny
Co Donegal



Tel: 074 9116078
Email: info@activedonegal.com