



Children's Officer Course Application Form

PLEASE USE **BLOCK CAPITALS** WHEN COMPLETING THIS FORM

First Name		Surname	
Address			
Code of Ethics Cert. No.			
Email			
Contact No.	Day Time		Evening Time
Club/Group			
National Governing Body			
Role in Club/Group			
Course Preference	Date		Time

Where did you find out about the course?

Newspaper Radio Internet Email Other

If other, please give details: _____

Course cost **€20** per person. Payment must be made when booking a place and prior to the commencement of the course. Places are limited so book early. Cheques made payable to **County Galway Sports Partnership**, or payment can be made by calling into the **Cash Office, Galway County Council, Prospect Hill** between the hours of **9am to 4 pm, Monday to Friday**.



For Office Use Only		Ref. No.	
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