



[dep-100-16]

Application form for Depiro Sport Sajf starting on Monday 3rd July and ending on Friday 22nd September 2017

• **Early Years 3 to 4yrs / Juniors 5 to 12yrs – 9:00am to 1:00pm**

Option	Info	Select one from A - F
A	3 Day Week €25/week (Monday, Wednesday & Friday)	
B	4 Day Week €30 (Monday, Tuesday, Wednesday & Friday)	
C	5 Day Week €35 (Monday, Tuesday, Wednesday, Thursday & Friday)	

• **Early Years 3 to 4yrs / Juniors 5 to 12yrs – 7:30am to 2:00pm**

Option	Info	Select one from A - F
D	3 Day Week €33/week (Monday, Wednesday & Friday)	
E	4 Day Week €40/week (Monday, Tuesday, Wednesday & Friday)	
F	5 Day Week €45/week (Monday, Tuesday, Wednesday, Thursday & Friday)	

Week	Tick	Week	Tick	Week	Tick
3rd - 7th July		31st July -4th August		28th August -1st Sept	
10th - 14th July		7th -11th August		4th -8th September	
17th - 21st July		14th - 18th August		11th - 15th September	
24th - 28th July		21st -25th August		18th - 22nd September	

• **Transport Required - Yes / No**

• **Gymnastics (€50 for 8 sessions [once a week])**

Day	Time	Tick ✓	Time	Tick ✓
Monday	17:00-18:15 Hrs	<input type="checkbox"/>	18:15 – 19:30 Hrs	<input type="checkbox"/>
Tuesday	17:30 – 18:45 Hrs	<input type="checkbox"/>	18:45 – 20:00 Hrs	<input type="checkbox"/>
Wednesday	17:30 – 18:45 Hrs	<input type="checkbox"/>		

Parent / Guardian Details

Surname:		Name:	
Surname:		Name :	
Address:			
Mobile:		Tel No:	
email1 :			
email 2:			

For all inquiries please email us on <mailto:sibtsport@depirobc.com> or call on 99DEPIRO (99337476) after 5.00 pm.



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● 1st Child

● 2nd Child (*Discount €10 from overall individual cost*)

Surname:		Surname:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Indicate any learning needs / difficulties:		Indicate any learning needs / difficulties:	
Indicate any medical requirements:		Indicate any medical requirements:	

Parental / Guardian Consent:

- Depiro Basketball Club may from time to time take photos of the child / children for record keeping purposes; to use as souvenirs and / or promotional purposes. Should you wish not to have your child / children appearing in such photos, please tick the box.

- In case of an emergency, in which my child / children would need medical intervention, I / we authorise that the medical authorities concerned provide the necessary assistance

- I / we authorise that my / our child / children join / s the optional school outings during which he / she / they be accompanied by an adult.

If you do not wish to be informed of any special offers or events by Depiro Basketball Club please tick this box

We thank all applicants in advance for their trust in DepiroSportSajf. Since places are limited, we urge those interested to fill the form and settle the application. Subscriptions are on first come first served basis.

Children are all monitored by qualified staff and teachers.

Parent / Guardian
Signature:

Date of application:

[Click here to access the online Application](#)



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