



## **ITA Summer Camp 2024**

## July 12th to 15th Midleton College, Cork

## **Application Form**

Name:		Age:	Male / Femal	e (please circle)
Address:				
Contact number:				
Belt/Grade:	Club:			_
Special Dietary Requi	ements			
Special Medical Consi	derations			
I wish to attend the 202 of the camp. I will obse				
• I am attending the full camp (€200) Yes/No				
I wish to attend	l as a day vis	sitor on the	following days	(€30 per day)
(please circle days) F	riday	Saturday	Sunday	Monday
Camp attendee signature: Da			te:	
Parent/Guardian signature (under 18's):				Date:
Contact phone number	er:			-
Email tkdsummerca	mp@gmail.	com for mo	re info.	

A non-refundable booking fee of €100 is required on registering (see info pack for account details). The remaining fees must be paid one week prior to the camp to your instructor who will then finalise payment with the organisers.