

6 † SANDYFORD / KILTERNAN / GLENCULLEN PARISH †



**YOUNG PERSON'S PARTICIPANT
APPLICATION FORM**

Name: _____

Address: _____

I wish to apply for membership of the Parish _____ Group.

Date of Birth: _____ Contact Telephone Nos.: _____

I understand that becoming a member of the Parish _____ Group is very important and I accept that I must follow the rules as have been explained to me. I understand that if I fail to do this my participation may be withdrawn.

Signed: _____

Date: _____

Witness: _____

[NAME OF WITNESS]