



**Aviation Camp 1Day TuesdayApril 3rd 2018  
10.00am - 2.00pm**

**Booking Form**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Any Conditions we need to be aware of?** \_\_\_\_\_

**Parents Name** \_\_\_\_\_

**Parent Daytime Contact No** \_\_\_\_\_

**Email address  
(capitals please)** \_\_\_\_\_

**For the attendee**  
**Please give us some background on what you hope to learn about this week?**

**Complete form and return with fee of €45.00**

**Please bring a packed lunch, a jacket and have a good breakfast!**  
**Atlantic AirVenture Aviation Education Centre, Link Rd, Shannon, Co Clare**  
**www.atlanticairventure.com**  
**087 2037487 or 061 363687**