

St. Patrick's Missionary Society

Safeguarding Office District of Ireland





SLÍ AN CHROÍ BOOKING FORM				
Name of School / Group: Address of School / Group:				
Contact Person:				
Email:				
Date Requested:				
Hours of use:				
(1) Commence at	(am/pm)	(2) Finish at		(am/pm)
Approximate Number in group) :			