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REGISTRATION FORM

School:  .....................................................................................

Roll No: ………………………………………………………………………………

Teacher’s Name: …………………………………………………………………..

Teacher’s Contact Details:

Mobile: …………………………………………………………………………………

Email: ……………………………………………………………………………………

**I wish to register one team of 6 pupils for Primary Debating Ireland** (Names of the debating team must be submitted) Teams are usually made of pupils between 4th-6th Class)

**Children Names**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**We wish to attend the FUN Day on 22nd September □**

**We are unable to attend the FUN Day but wish to participate □**

**Please return this registration to Monaghan Education Centre by Friday 15th September 2017**