

Teen Hope Leader Training – BOOKING FORM

Section A: The Organisation

NAME	Archdiocese of Dublin
EVENT	Teen Hope Leader Training
VENUE	Clonliffe College, Drumcondra, Dublin 3.
DATES	September 28 th , October 12 th , November 16 th , December 7th, Retreat Day TBC, (All Saturdays)
TIME	9.30-1pm

Section C: Training Participant

NAME

ADDRESS

TEL. No.

EMAIL

DATE OF BIRTH

Section B: Your Local Parish

Name of Parish

Contact Person
[If known]

Contact Number
[If known]

Email
[If known]

Section D: Permission to Communicate

I am happy to receive information about adult faith development initiatives of the Dublin Diocese.

YES **NO**

Section E: Consent to Participant

I agree to give permission for my photo to be taken in a group session or activities during the training.

Photographs may appear on our Facebook Page /stpaulschurcharranquay, Instagram @theyoungchurchdublin and the Archdiocese of Dublin Website.

YES **NO**

I understand that The Archdiocese of Dublin only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the organisation, its servants or agents.

I declare that the above information is correct.

Signed: _____

If you would like any further information about the training please contact
siobhan.tighe@dublindiocese.ie or kirsten.mahon@dublindiocese.ie

Please return registration form to **Kirsten Mahon, Office for Evangelisation & Ecumenism, Holy Cross Diocesan Centre, Clonliffe Road, Dublin 3**