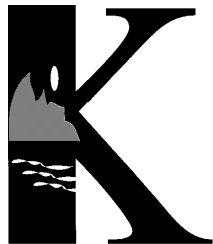


KILLOWEN OUTDOOR EDUCATION CENTRE
STUDENT INFORMATION SHEET
 Tel: (028) 41738297 Fax: (028) 41738167



E-Mail: killowen@selb.org

Name Of School: _____
 Course Organiser _____ Emergency Tel No: _____

Name(s) of Teachers/Leader accompanying the Group:-

Leader in Charge: _____ Assistant Leaders: _____

Aims of Residential: _____

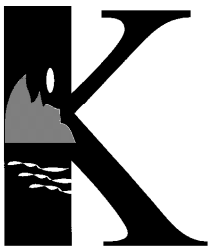
Please circle activities preferred:

- ORIENTEERING BOULDERING SAILING (Seasonal) MOUNTAIN CLIMB**
FOREST WALK ROPE TRAVERSE PROBLEM SOLVING FIELD STUDIES
ROCK CLIMB / ABSEILING CANOEING SCRAMBLING

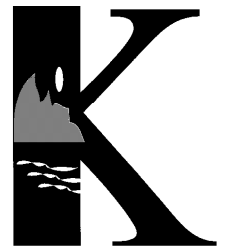
It may not be possible to offer all activities requested. Please contact the Centre if you require a detailed programme prior to your visit.

NAMES OF STUDENTS			NAMES OF STUDENTS		
FEMALE	AGE	SWIMMER?	MALE	AGE	SWIMMER?
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
11.			11.		
12.			12.		
13.			13.		
14.			14.		
15.			15.		

Please complete and return to Killowen Centre no later than - Three weeks prior to course



**STUDENT INFORMATION
CONTINUATION SHEET**



NAMES OF STUDENTS

NAMES OF STUDENTS

MALE		AGE	SWIMMER?	FEMALE		AGE	SWIMMER?
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
9.				9.			
10.				10.			
11.				11.			
12.				12.			
13.				13.			
14.				14.			
15.				15.			