



## **Series of Irish Walks** **Registration Form**

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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

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

**Phone No.** \_\_\_\_\_

**Email** \_\_\_\_\_

**Donation/Sponsorship** \_\_\_\_\_

**IWA would like to stay in touch with you throughout the year, if you do not wish to receive any correspondence from us please tick the box ☐**

**Please return to:**  
**Fundraising Department, IWA, Blackheath Drive, Clontarf, Dublin 3.**