



# FINGAL ETHNIC NETWORK

## Registration Form

### Contact Details

Organisation / Club Name : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Organisation's Contact Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Web Address : \_\_\_\_\_

### Aims / Activities of Group

Describe briefly the purpose / aims and activities of your group :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your group affiliated to any other organisation? **Yes / No**

If Yes, please specify : \_\_\_\_\_

I confirm that the information supplied on this registration form is correct.

Signed \_\_\_\_\_  
(On behalf of the organisation / club)

**Kindly return completed form to:** The Secretary, Fingal Ethnic Network, Base Enterprise Centre, Damastown Road, Mulhuddart, Dublin 15.