

Registration Form

|  |  |
| --- | --- |
| Name |  |
| Contact Number\* |  |
| Email\* |  |

***\*Please tick this box to authorise communication to you in relation to The Social Butterfly Group only.***

**Membership of The Social Butterfly Group will incur a yearly fee of €15 to cover Insurance and other Incidental costs.**

I am interested in (please tick where appropriate)

|  |  |
| --- | --- |
| Theatre  | Cinema |
| Restaurants | Museum Visits |
| Free Events Only | Music events |
| Other (please describe) |  |
|  |  |

**Please return this completed registration form to reception at**

**Castleknock Community Centre Laurel Lodge or email johanne.communitycentre@gmail.com**

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 **For Office Use Only**

|  |  |  |
| --- | --- | --- |
| Membership Fee Received | Receipt Issued | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |