

BOOKING FORM

Name: _____

Address: _____

Telephone: _____

Email: _____

School: _____

Junior Cert.

Leaving Cert.

SUBJECTS	H	L	TIME
1			
2			
3			
4			
5			
Orals			

Oral Exams

Total No. of Subjects:

Total Cost:

Amount Enclosed:

Balance Due:

NOTE: Do not send cash in the post.

Send this form along with postal order, cheque or draft by post to:

BALLINTEER INSTITUTE

Holy Cross School, Dundrum, Dublin 14.

For further information and bookings

Telephone: 296 0006

Ballinteer Institute is a non-smoking area, students are not permitted to smoke inside the grounds.