



mackdonald

language academy

KILKENNY, IRELAND

CONTACT

+353 56 773 8062

+353 87 346 2477

info@mackdonald.com

www.mackdonald.com

ADDRESS

5B John's Quay

Prior's Orchard

Kilkenny, R95 R728

Ireland

SUBMISSION CHECKLIST

- ☐ Confirm participant totals
- ☐ Complete traveller details
- ☐ Include allergies and diets
- ☐ Add flight details when booked

**GROUP, CONTACT AND TRAVEL
DETAILS**

GROUP REGISTRATION

SCHOOL GROUPS - KILKENNY

Group Registration

For Mini-Stay and Summer Camp programmes in Kilkenny. Please complete the participant lists on pages 2-4.

A. GROUP & PROGRAMME DETAILS

Group / organisation name

PROGRAMME

- ☐ Mini-Stay ☐ Summer Camp ☐ Other / custom

Arrival date

Departure date

Total nights

Total participants

Number of students

Number of group leaders

ACCOMMODATION PREFERENCE

- ☐ Host families ☐ Boarding school / residence ☐ Mixed arrangement ☐ To be discussed

B. INVOICE & CONTACT DETAILS

Invoice organisation / school

Primary contact person

Invoice address

Contact email

Contact mobile / WhatsApp

Emergency contact mobile

Invoice reference or VAT number (optional)

C. AIRPORT TRANSFERS & ADDITIONAL INFORMATION

DUBLIN AIRPORT TRANSFERS REQUIRED

- ☐ Arrival ☐ Departure ☐ No transfer required

Additional information or special requirements

Please save the completed form and return it to info@mackdonald.com



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PARTICIPANTS 1-15

GROUP REGISTRATION

SCHOOL GROUPS - KILKENNY

Participant List 1-15

Please enter one participant per row. Include group leaders as well as students.

#	First name	Surname	Gender	Date of birth DD/MM/YYYY	Allergies / dietary requirements	Email for online placement test	Other relevant information
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Please notify us immediately of changes to participant details, allergies, dietary requirements or welfare information.

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PARTICIPANTS 16-30

GROUP REGISTRATION

SCHOOL GROUPS - KILKENNY

Participant List 16-30

Please enter one participant per row. Include group leaders as well as students.

#	First name	Surname	Gender	Date of birth DD/MM/YYYY	Allergies / dietary requirements	Email for online placement test	Other relevant information
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							



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PARTICIPANTS 31-45

GROUP REGISTRATION

SCHOOL GROUPS - KILKENNY

Participant List 31-45

Please enter one participant per row. Include group leaders as well as students.

#	First name	Surname	Gender	Date of birth DD/MM/YYYY	Allergies / dietary requirements	Email for online placement test	Other relevant information
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							

Please notify us immediately of changes to participant details, allergies, dietary requirements or welfare information.

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