



Take the
Bóthar
LENTEN
CHALLENGE

School Visit Booking Form

I would like to request a visit from a member of the Bóthar team to talk about the families Bóthar assists.

School Name:

School Address:

Eircode:

Class:

Teacher's Name:

Contact Number:*

Email:*

Requested date for visit:

Requested time:

* **Please note:** Requested visits must be confirmed by Bóthar who will telephone you or email you upon receipt of this form.

PLEASE RETURN THIS BOOKING FORM TO
BÓTHAR, OLD CLARE STREET, LIMERICK V94 X4X9