

**Request for Dental fitting of gum shield at cost of €35**

Player's Name: \_\_\_\_\_

Team: \_\_\_\_\_

Manager: \_\_\_\_\_

Parent's Name (for U18): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please e-mail details to [secretary.ballinteerstjohns.dublin@gaa.ie](mailto:secretary.ballinteerstjohns.dublin@gaa.ie)

**Note:** Fittings will be arranged in club house when we have 20-25 requests. You will be contacted then.