

Mayo Sports Partnership



Comhpháirtíocht Spóirt Mhaigh Eo  
An Irish Sports Council Initiative



Mayo Sports Partnership



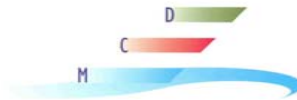
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RehabCare

Investing in People, Changing Perspectives

Mayo County  
Development Board  
Bord Forbartha Chontae Mhaigh Eo



Please Send completed registration forms together with fee to:  
Mayo Sports Partnership  
Cedar House,  
Moneen,  
Castlebar,

If you would like some more information please contact Ray Mc Namara on 094 9047023 or contact the Mayo Sports Partnership office on  
Phone: 094 9047025  
Fax: 094 9047480  
E-mail: [rmcnamara@mayococo.ie](mailto:rmcnamara@mayococo.ie)

Increasing Participation Opportunities in Sport and Physical Activity

Mayo Sports Partnership



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**SPORT &  
DISABILITY**  
**'Physically active'**

**COME  
&  
TRY  
DAY**

**Tuesday 06th  
November 2012  
Breaffy House Resort  
Castlebar**



## Programme Details

9.30 - 10.00 **Registration**

10.00 - 10.15 **Welcome**

**Charlie Lambert**

Coordinator Mayo Sports Partnership

10.15 - 10.25 **Opening Address**

**Parallel Workshops Session 1**

10.15 - 11.45

- Wheelchair Basketball
- Boccia
- Gym Session (4 people every half hour)

**Please tick if you want to go to gym for half hour** \_\_\_\_\_

- Soccer for All: Paul Byrne FAI Blitz
- Hand Cycling & Tandem Cycling

12.00

- Aqua fit class in Swimming Pool

**Please tick if you want to attend Aqua Class** \_\_\_\_\_

**Note you will need to bring swim gear for Aqua Fit class.**



**Lunch** 13.00 - 14.00

**Parallel Workshops Session 2**

14.00 - 15.15

- Nutrition and healthy Eating
- Please tick if you want to attend**

**Nutrition talk** \_\_\_\_\_

- Boccia
- Walking
- Wheelchair Hurling & Wheelchair Basketball
- Tennis
- Hand Cycling & Tandem Cycling
- Sit Fit Exercise Class

15.30

**Closing Address**

**Registration Form** **Cost : €10**

**Closing date for receipt of completed registration forms and fee is Friday 2nd November 2012.**

Lunch included.

## Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organisation/Group: \_\_\_\_\_

Contact No: \_\_\_\_\_

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

Any Special Requirements: \_\_\_\_\_