

St. Bride's Ski Trip 2017

Pupil Information



Fishing for
information

Name as on passport: _____

Class: _____ Sex: _____ Date of Birth: _____

Passport Number: _____

Country of Issue: _____

Nationality: _____

Issue Date: _____

Expiry Date (day/month/year) _____

Do you have a current European Health Insurance Card? Yes [] No []

Please tick one

(N.B. If you do not have a European Health Insurance Card it can be obtained at www.dh.gov.uk/travellers).

Medical details:

Allergies: _____

Special Dietary Requirements: _____

Medical History or Pre-existing conditions: _____

Weeks skied on snow: Please tick one box.

Never [] 1 week [] 2 weeks [] 3 weeks or more []

Height: _____m Shoe size _____ Weight _____kg

Please return this information to your class teacher or Mr Murray ASAP

Many Thanks

St. Bride's Ski Team