



PITTVILLE SKI TEAM

Hochfugen, Austria 2020

Please complete the form below and hand back to Mr Nicholls in the PE Department by Fri 20th December

Surname..... **Forenames**.....

Date of birth..... **Age at time of travel**.....

Weeks Ski Experience.....

Weight (kgs)..... **Height (cms)**.....

Shoe size..... **Helmet size (cms)**.....

Dietary Requirements.....

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Medical Needs.....

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Swimming – Yes / No

Signed.....**Parent/Carer** **Date**.....