



SKI TRIP 2018 APPLICATION FORM

Student Details

Surname _____ Address: _____

First Names: _____
(As on Passport)

Date of Birth: _____

Name known by: _____ Level of Ski Experience:

Nationality: _____ Beginner Intermediate

Current Class: _____ Experienced Details _____

Weight in KG _____ Height in CM _____

Shoe Size _____

Passport Number _____ Expiry Date _____

(Please attach a copy of valid Passport with this application)

European Health Insurance Card Number _____

EHIC Expiry Date _____

Food Allergy _____

Parents/Guardians

Father's Name: _____
(PLEASE PRINT)

Mother's Name: _____
(PLEASE PRINT)

Home Phone No.: _____

Home Phone No.: _____

Mobile No.: _____

Mobile No.: _____

e-mail: _____

e-mail: _____

Correspondence Address: _____
(If different to Student Address)

Correspondence Address: _____
(If different to Student Address)

I/we would like my son _____ to be considered for the College Ski trip 2018.

(Parents/Guardians Signature)

(Parents/Guardians Signature)

Please return completed application form along with a copy of your son's valid Passport and European Health Insurance Card to Mr. C Healy (D2) before April 5th 2017.

Thank You.
C. Healy