

SNOW SHOONG TRIP FORM

SNOW SHOONG for 10A.P., 11A.P., IBDP I, Sec 1, Sec 2, 9 A.P., and 9 L.P.

CIRCULAR INTER & SEC No 3/AY 16-17

Dated: March 2, 2017

Full Name: _____ Grade & Section: _____

Exact foot size: _____ Height: _____ Weight: _____

Medical case: _____

Medication: _____

Allergy: _____

Treatment/medication for allergy: _____

Special Diet in case of allergies:

I would like to register my son/daughter _____ in the Snow Shooing trip that will take place from March 13 until 15, 2017.

We the parents/ guardians of _____ assume full responsibility for our son/daughter.

Parent's / Guardian's Name: _____

Parent's / Guardian's contact number in case of an emergency: _____

Parent's / Guardian's Signature: _____ Date: _____