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| **Anmälan om specialkost Folksam Cup 2017** | |  | | |
| **Skicka in blanketten snarast senat tisdag 21 februari**  Anmälan skickas via e-post till [skidor@skbore.com](mailto:skidor@skbore.com)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Distrikt | | | | | | |  | | | | | | | Ansvarig ledare | | E-post | Mobilnummer | | | |  | |  |  | | | | **Önskemål om specialkost** | | | | | | | | För- och efternamn | Typ av matallergi/-intolerans | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | |  |  | | | | | |
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