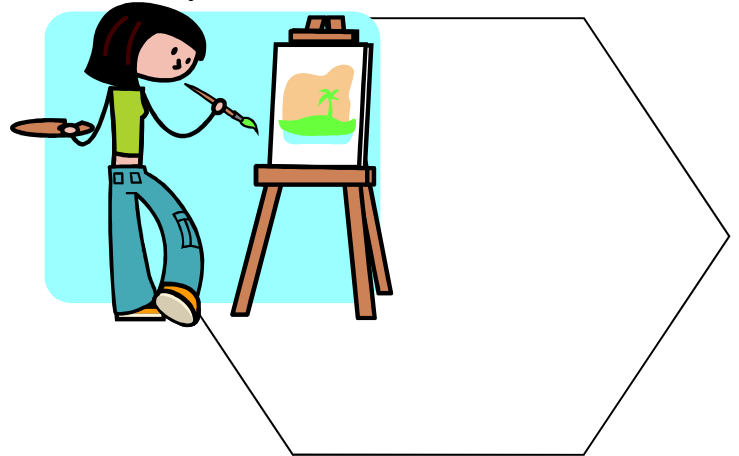
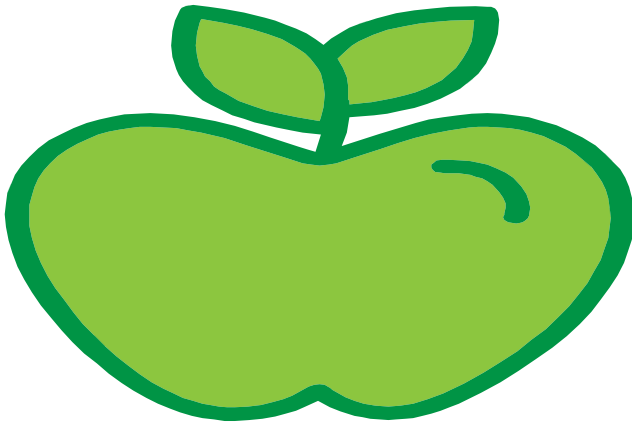


WE WANT TO LEARN MORE ABOUT YOU!  
PLEASE HELP US BY FILLING IN THE INFORMATION BELOW AND RETURNING  
THIS SHEET TO LOOSH STAFF

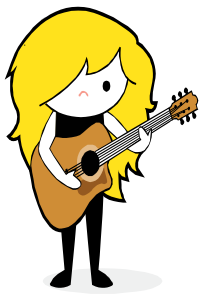
Name:  
Age:

What are your favourite indoor activities?

List some of your favourite foods:



What are your favourite outdoor activities?



When you have time by yourself what do you like to do?



What other countries have you been to?

What other countries would you like to go to?

Is there somewhere you would like to go on an excursion?

After school:

Vacation Care:



What sports & games do you like to play?

