

## Plas y Brenin Mock Student Form

Full Name		
Date of Birth		
Address		
Daytime Contact Tel. No.		
Mobile No.		
Email (please print clearly)		
Dietary Requirements		
Any medical conditions, allergies or disability		
Name and number of a person we can contact in case of emergency		
Outdoor experience, including any training courses or qualifications		
Course(s) and dates interested in (please ensure you included specific courses and dates you are interested in)		

Please e-mail this form to [mock.students@pyb.co.uk](mailto:mock.students@pyb.co.uk).  
Alternatively you can post the form to: Mock Students, Plas y Brenin, Capel Curig, Conwy. LL24 0ET