|  |  |  |
| --- | --- | --- |
| Navn på forelder/kontaktperson | Tlf. | Kommentar |
|  |  |  |

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| --- | --- | --- | --- | --- |
|  | Ønske | Alder/str. | Kjønn | Kommentar |
| 1-A |  |  |  |  |
| 1-B |  |  |  |  |
|  |  |  |  |  |
| 2-A |  |  |  |  |
| 2-B |  |  |  |  |
|  |  |  |  |  |
| 3-A |  |  |  |  |
| 3-B |  |  |  |  |
|  |  |  |  |  |
| 4-A |  |  |  |  |
| 4-B |  |  |  |  |
|  |  |  |  |  |
| 5-A |  |  |  |  |
| 5-B |  |  |  |  |
|  |  |  |  |  |
| 6-A |  |  |  |  |
| 6-B |  |  |  |  |