



Tyabb Railway Station Primary School

88 The Crescent

TYABB 3913

Phone: (03)

5977 4324

Fax: (03) 5977 4858

WEB: www.tyabbrailps.vic.edu.au

Email: tyabb.railway.station.ps@edumail.vic.gov.au

21<sup>st</sup> March 2018

Dear Parents,

### CAMP DEPOSIT INFORMATION

As previously stated our students in Years 3-6 will be participating in our camping program. This year we will be going to the Briars Outdoor Ed Camp (<http://briarscamp.com.au>) in Mt. Martha in Term 4, Wednesday October 31<sup>st</sup> - Friday 2<sup>nd</sup> November 2018.

The total cost for camp is \$220. **We do require a deposit of \$50.00 no later than Friday 25<sup>th</sup> May to confirm your child's place.** As previously advised, if we don't have enough student numbers, camp will need to be cancelled. **We will need to have confirmed numbers by the deposit due date.** If you are in receipt of the Camps, Sports & Excursion Fund, this can be used to offset camp costs.

Other information:

- Final Payment for camp is Friday 19<sup>th</sup> October
- Camp payment booklets are available at the office (this equates to \$8 per week!)
- Camp Medical forms and Camp Agreements will be sent out to families at a later date.
- An information meeting with parents/carers will also be scheduled closer to the camp date.

Please return the camp permission slip (below), **together with deposit of \$50.00 to school by Friday 25<sup>th</sup> May.**

Shane Chatwood  
Camp Coordinator



### 2018 Briars 3-6 Camp (deposit)

I give permission for my child \_\_\_\_\_ of room \_\_\_\_\_ to attend the year 3/6 camp at Briars Camp from Wednesday October 31<sup>st</sup> - Friday 2<sup>nd</sup> November 2018. I authorise the teacher in charge of the camp to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

**I have enclosed \$50.00 cash being the deposit for camp.**

**Please take \$50.00 from my CSEF to pay the deposit for camp.**

Parent/Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

If your child has special dietary requirements please specify: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_