

Craigieburn Primary School

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Principal: David Naismith
Assistant Principal: Pam Gouramanis
Assistant Principal: Jim Beattie
Business Manager: Sheryl Zugaro

03/09/2018

2018 Grade 3 & 4 Camp YMCA Mt Evelyn Monday November 19th – Wednesday November 21st

Dear Parents,

In 2018, children from Grade 3 & 4 have the opportunity to attend a 3 day camp at YMCA Mt Evelyn Camp, Mt Evelyn. The camp is an Optional Educational Experience. Activities may include low ropes, giant swing, orienteering, initiative activities, etc. Accommodation is in a two storey lodge containing 20 rooms split into male and female wings.

The cost of the camp is \$ 325.00. For the camp to proceed we need a minimum of 60 Grade 3 & 4 students to attend. If you would like your child to attend the Grade 3 & 4 camp could you please complete the reply slip below and return it to school with your deposit of \$100 by Thursday 20th September. No forms or deposits will be accepted after this date. Children may be excluded from attending the camp due to poor behaviour at school. If this occurs then the school will refund all money paid.

For your child to attend the camp the full payment is required by Friday 9th November. If it is not paid by the due date then your child may be excluded from the camp.

If you wish to put your name down as a Parent Helper please tick below and write your name. If you are selected to go on the camp you will need a **Working with Children's Check** before you can attend.

Yours sincerely

Jim Beattie
Camp Coordinator



2018 Grade 3 & 4 YMCA Mt Evelyn Camp (Please return forms by Thursday 20th September)

Child's Name _____ 2018 Grade _____ Room Number _____

() My child will be attending the Grade 3 & 4 Camp and I have included my deposit of \$100.

() I would like to assist as a Parent Helper on the Grade 3 & 4 Camp.

Parent Helper _____

Parent's Signature _____

Enclosed is \$ _____. If you wish to pay by Credit Card please fill in details below

Credit Card Payment - Please debit my Visa MasterCard

Card No _____ / _____ Expiry Date ____ / ____

Cardholder's Name:..... Signature:.....

Please use my
CSEF Allowance to
pay for this
excursion

