



WEST LEEDERVILLE  
PRIMARY

## YEAR 6 CAMP 2020

Dear Parents/Guardians of Year 6 Students,

Camp is back. We have secured a three-day camp in Week 3 of Term 4. Arrangements are well underway. We will be leaving for Forest Edge Recreation Camp in Waroona on **Monday 26 October and will be returning on Wednesday 28 October 2020.**

Throughout the three days, the students will be participating in a range of activities that are specifically designed to foster personal development and the building of friendships. Activities will include: rock-wall climbing, abseiling, bush-walking and a number of team-building and problem-solving activities.

The cost of the camp is \$400 per child (without fundraising). **A deposit of \$200 will be required by Friday 14 August 2020 (end of Week 4, Term 3).**

*Any fundraising that has taken place will be factored into the second and final camp payment and be evenly distributed across all students.*

Other information accompanying this note includes:

- Camp requirements
- Transport information
- *Medical Form (needs to be returned)*

Please ensure the medical form is returned, along with the deposit and consent form, by **Friday 14 August 2020.**

Warm regards,  
Michael McInerheney

## YEAR 6 CAMP 2020: \$200 DEPOSIT PAYMENT METHOD

Child's name: \_\_\_\_\_

Teacher: \_\_\_\_\_

My child will be attending the Year 6 2020 camp to Waroona, with a deposit payment of \$200.

Please:-

Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS)

I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672  
Ref:Student's name) Bank reference no: \_\_\_\_\_  
Date: \_\_\_\_\_

I enclose \$ \_\_\_\_\_ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

Credit card: Type \_\_\_\_\_ Card No. \_\_\_\_\_

Expiry date \_\_\_\_\_ Amount \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Credit Card payments only accepted where cost exceeds \$15)

## YEAR 6 CAMP 2020 CONSENT FORM

I have read and understood the information regarding the Year 6 Camp at Forest Edge Recreation Camp and give my consent for my son/daughter to attend.

Child's name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

The medical form is attached to this consent form  (tick box)

RETURN TO CLASSROOM TEACHER, ALONG WITH MEDICAL FORM  
BY **Friday 14 August 2020**