

LILYDALE HIGH SCHOOL

Melba Avenue, Lilydale 3140
Telephone: 9735-5644
Facsimile: 9735-3552
Lilydale.hs@edumail.vic.gov.au
www.lilydale.hs.vic.edu.au



October 14, 2009

Dear Parents/Guardians,

YEAR 9 QUEENSLAND CAMP 2010

We are offering the 2010 Year 9 (and Year 8 ALP) students the opportunity to go to Queensland for a six day camp. We will be running the camp from **Sunday 2nd May to Friday 7th May**. We will be staying at the Super Sports Centre and we will be visiting the Theme Parks. We will be travelling over night (23 hours) on the bus to and from Queensland, stopping for small breaks.

The cost of the camp will be **\$580.00**. This will include food and accommodation, except for lunch, dinner and breakfast at the beginning of the trip, and lunch, dinner and breakfast on the last day. If your child is interested in attending the camp, then a **\$180.00 deposit** will need to be paid by **Friday 6th November, 2009**. If the deposit is not paid by this date then the student will not be able to attend the camp. Final payments will be required late 2009 and early 2010.

We reserve the right to not allow students to attend the camp if they have not been cooperative and have not followed the school's rules during the course of the year. We are also advising that parents will be bearing the costs if any student is required to be sent home for any behaviour that is deemed unacceptable.

If there are any queries or concerns please do not hesitate to contact one of the Year 9 Coordinators.

Genaha Thompson
Head of Year 9

Mark Beatson

Matthew Saunders
Year 9 Coordinators

Jonathan Reedyk

YEAR 9 QUEENSLAND CAMP 2010

I have read the information about the Year 9 Camp to Queensland. My child wishes to attend the camp, please find enclosed the deposit of **\$180.00**

I am aware that the school reserves the right to remove any student from the camp.

Student Name: _____ Form: _____

Parent Signature: _____ Date: _____

PLEASE INDICATE: Cash Cheque Visa Mastercard

Please complete the following information if you are using a credit card.

NAME ON CREDIT CARD _____

CREDIT CARD NO _____ EXPIRY DATE: _____

AMOUNT PAID _____

SIGNATURE: _____