

PLENTY PARKLANDS PRIMARY SCHOOL

48 Blossom Park Drive, Mill Park, 3082 Victoria

Phone: (03)9404-4311 Fax: (03)9404-4702

E.MAIL address plenty.parklands.ps@edumail.vic.gov.au

Acting Principal: Ms Julie Nixon

Assistant Principal: Ms Alison Devereux

Date: 9th of September

Dear Parents/Guardians,

Thank you for your commitment to our Year 3 camp to Arrabri Lodge. As a result, the following details have been confirmed.

Staff: The following PPPS staff will be attending: Linda Philippedis, Marni Harry, Wayne Wood, and Aimee Carroll

Cost: \$345: Includes coaches (with seatbelts), accommodation, meals and visit to Healesville Sanctuary, and all activities.
(GST is charged on meals only).

Payment: A \$100 first payment has been paid, leaving a balance of \$245. The balance will be paid in another two instalments. One instalment of \$100.00, and final instalment of \$145.00
Second instalment of \$100.00 must be received by Thursday the 23rd of September by 3:30pm.
Final instalment must be received by Thursday 7th of October.
Please understand that as we must pay the camp, full payment must be received by this final date in order for your child to attend.

Please complete the payment slip below and return with payment for the second instalment of \$100.00.

Please also find a medical form and personal equipment list with this letter also. The medical form needs to be returned to school **no later than the 7th of October (same date as the final payment)**. We are hoping that the camp will be able to go ahead. However, if the camp is cancelled due to the advice from the Department of Health and/or the Department of Education, all money paid will be refunded to you.

Thanks,
The Year 3 Team

✂.....
SECOND PAYMENT Date _____

Child's name: _____ Home group: _____

I have paid the first payment (deposit).
Enclosed is **the second** payment for the Year 3 Camp to Arrabri Lodge.

Amount enclosed: \$ _____ Cash / Cheque / Credit Card / QkR / CSEF (please circle)

Credit Card payment ✂.....

PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (Minimum payment \$10)

Child's name:	Home group:	Payment for: ie. Camp	Amount

Please charge my: ☐ Bankcard ☐ Visa ☐ Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____