



26th April 2017

Dear Parent/Carer

Duke of Edinburgh's Award Practice Expedition 19th – 20th May 2017

We have organised a weekend practice expedition for the Duke of Edinburgh's Award from 19 – 20th May 2017, with an overnight camp at the Jarmin Guide Centre, 119 Duchess Drive, Newmarket CB8 9HB.

Please meet at 0900 at The Star Pub at Lidgate, Suffolk, CB8 9PP on 19th May and collect your child from The Bull Pub, Bradley Road, Burrough Green, Suffolk, CB8 9NH at 1500 on 20th May.

Students will follow their own planned route and will sign in with staff at intervals along the route. They will be in mobile phone contact with the staff at all times. A kit list will be forwarded to you shortly. However, students will be required to bring in all their equipment for a full kit check on **Wednesday 17th May** and must have appropriate footwear in order to be allowed to take part in the expedition. They will also need to plan, within their groups, the food that they will take for the expedition and bring it with them on the day.

Please complete and return to me the reply slip below by 5th May 2017. Should you have any queries about the expedition, please do not hesitate to contact me via my College email: jwaters@elycollege.co.uk An 'additional information' sheet will be given to you prior to the expedition and there will be a full kit list given to students. The kit list is not a shopping list, please do not go out and spend lots of money, please gather what you have and speak to me first about additional kit.

Yours faithfully

Mr J Waters
Duke of Edinburgh Award Lead



To: Mr J Waters – Duke of Edinburgh Practise Expedition: 19th – 20th May 2017

Student Name Form

Medical/dietary issues affecting my child which may impact on this trip:

I agree to my child taking part in the visit outlined above. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the date of the visit.

Signed (Parent/Carer): Date

Name in Print

Emergency Telephone Number

