Dear Parents,

Sanskriti’s vision since inception is to nurture happy, feeling and thinking individuals who have a grounded and holistic personality. In keeping with the above vision, Sanskriti is providing the **YOUNG EXPLORERS** programme for grade 8. The objective of this camp is not only to provide an exposure to camp life, but also an opportunity to experience, learn and acquire valuable life skills such as team spirit, team building and leadership by encouraging a pragmatic view of life.

The camp is being conducted in collaboration with Wildrift Adventures. The camp will be supervised by the school teachers and professional instructors of Wildrift Adventures. We hope our students will have an enriching and memorable experience.

**CAMP DETAILS:**
- **Place of the Camp:** Saat Tal (Near Nainital)
- **Dates:** 03 – 05 December 2014 (3 Days 2Nights)
- **Mode of Travel:** Kathgodam Shatabdi + Coach/Jeeps
- **Camp Cost:** Rs.6,300/- per child

**Cancellation Policy:** 50% refund if withdrawing 45 days prior to the commencement of the camp. No refund thereafter.

If you are interested in sending your ward for the camp, kindly fill the consent form given below and send the cheque favouring Sanskriti School for Rs.6,300/-. Regular updates on the camp activities can be seen by parents on our school website w.e.f 03 December 2014.

The last date of receiving the payment is 20 October 2014.

Thanking you,

Mrs Abha Sahgal
Principal

Consent Form on page 2...
Consent for class 8 - CAMP YOUNG EXPLORERS

We allow our ward ____________________________ of grade VIII - ___ to join the Camp YOUNG EXPLORERS. I hereby indemnify the school authority and camp organisers from all responsibility in case of any mishap. Our ward is physically fit and will abide by the rules and regulations given by the teacher in-charge. We are sending Chq#_____________ dated _______ drawn on _________________________ (Bank & Branch name) of Rs.6300/- favouring SANSKRITI SCHOOL for the said camp.

The following information is mandatory for all:

Does your ward have any medical concern?

☐ NO

☐ YES. Please Specify __________________________________________________________

______________________________________________________________________________

Is your ward aware of the symptoms? ______________________________________________

Is he/she able to administer medication independently? ________________________________

THE SCHOOL’S DESCRTION WILL BE EXERCISED FOR GIVING PERMISSION FOR CHILDREN WITH MEDICAL CONCERN.

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