Dear Parents,

Sanskriti’s vision since inception is to nurture happy, feeling and thinking individuals. In keeping with the above vision, Sanskriti is providing **Exploration Camp** for Grades 6 - 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, leadership by encouraging a pragmatic view of life.

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

**CAMP DETAILS:**
- **Place of the Camp**: Dugadda, Uttarakhand
- **Dates**: 01-04 December, 2016 (4 Days, 3 Nights)
- **Mode of Travel**: AC luxury coach, jeep
- **Camp Cost**: Rs.12,000/- 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.12,000/-.

The last date of receiving the payment is **8th August, 2016**.

Regular updates on the camp activities can be seen by parents on our school website w.e.f 01-December 2016.

Thanking you,

Mrs Abha Sahgal
Principal

CONSENT FORM on Page 2........
Consent for class 6 - 8 - Exploration Camp

We allow our ward ____________________________ of Grade _____ Sec. - ___ to join the Exploration Camp. 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# ____________ dtd ______ drawn on ____________________________ (Bank & Branch name) of Rs.12,000/- favouring SANSKRITI SCHOOL for the said camp.

The following information is mandatory for all:

<table>
<thead>
<tr>
<th>Does your child have a medical concern?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, please specify:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is the child aware of the symptoms?
________________________________________________________________________

Can the child administer the medicine himself/herself?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

It would be the school’s discretion to grant permission to students with medical concerns to join the trip.

<table>
<thead>
<tr>
<th>Parent’s details</th>
<th>Name</th>
<th>Mobile number</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mother</td>
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