

29<sup>th</sup> March 2018



# ELY COLLEGE

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Dear Parent/Carer

### Duke of Edinburgh's Award Practice Expedition 18<sup>th</sup> – 19<sup>th</sup> May 2018

We have organised a weekend practise expedition for the Duke of Edinburgh's Award from 18-19<sup>th</sup> May, with an overnight camp at the Jarmin Guide Centre, 119 Duchess Drive, Newmarket CB8 9HB.

**Please meet at 0900 at The Star Pub, Car Park at Lidgate, Suffolk, CB8 9PP on 18<sup>th</sup> May and collect your child from The Bull Pub, Car Park, Bradley Road, Burrough Green, Suffolk, CB8 9NH at 1500 on 19<sup>th</sup> 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 16<sup>th</sup> 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 the reply slip below to myself by the 27<sup>th</sup> April. Should you have any queries about the expedition, please do not hesitate to contact me via the college email: [jwaters@elycollege.co.uk](mailto: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: J Waters – Duke of Edinburgh Practise Expedition 18<sup>th</sup> – 19<sup>th</sup> May

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 .....

