## The Alexandra Girls' English Institution

Annual Girl Guide Camp Std VIII - X 2024 (Tropicana Resort: Kihim, Ali baug)

## Dear Parent

This is to inform you that the school is organizing an overnight Guide camp for 2 nights & 3 days from  $22^{nd}$  October –  $24^{th}$  October2024, for all Girl Guides students for the academic year 2024-25. Students may deposit the Cash along with the Indemnity Bond and a Photocopy of Aadhar Card or Passport to their respective class teachers latest by  $04^{th}$  October 2024. Itinerary of scheduled activities is specified on page 2 for your perusal.

Camp Dates 22<sup>nd</sup> - 23<sup>rd</sup> - 24<sup>th</sup> October 2024

Camp Address Tropicana Resort: Club Mahindra (Star rated property)

Reporting Date/Time/Place 22-10-2024 at 06.30 am at School.

Arrival Date/ Time / Place 24-10-2024 at 05.30 pm at School

Transport Campers will travel by Semi – Luxury Bus both ways.

Camp Food Vegetarian & Jain meals will be served on camp.

Please carry light snacks for Bus journey for day 1 only.

Camp Requirements 2 sets of casual wear, 1 set of night clothes, slippers, soap, towel,

Tooth brush, Toothpaste, Pee Cap, Pen & Girl guiding book,

Knot tying rope, Torch & Girl guiding uniform.

Camp Escort Teachers and Camp organizers will accompany the students.

Camp Fees Rs 7900/-

Mode of Payment Payable by Cash only: Rs 7900/-

(Seven Thousand Nine Hundred Only)

Mrs Kashmira Sarkari

Principal

The Alexandra Girls' English Institution.

Please fill in the attached form & return it as soon as possible.

## Camp Enrollment form

The Principal

The Alexandra Girls' English Institution

22<sup>nd</sup> Oct 2024

Respected Madame,

Medical Practitioner' Stamp

I have read the above circular and am willing to send my Daughter for the Annual Girl Guide Camp to be held at Tropicana Resort (Kihim: Ali baug). I am enclosing herewith Rs 7900/-(Seven thousand nine hundred only) towards camp fees. I understand that staff will accompany the students. Whilst appreciating your assurance for the safety and precaution of my Daughter, I assure you that I will not hold the school, staff and the camp organizers responsible for any kind of mishap, loss or accident which may occur due to Natural calamities.

Choice of Meal: Vegetarian/ Jain Vegetarian/	g
Emergency Contact Number:	
PERMISSION TO SWIM / NOT TO SWIM	
Name:; Div; Roll No :	
Yours faithfully	
Signature of Parent / Guardian	
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Medical Certificate:	
To be filled on or after 16 <sup>th</sup> October, 2024 by certif	ied medical Practitioner (Doctor).
I hereby certify that Msand is in good health. She is fit to participate in all	is free from all contagious diseases camp activities.
Date :	Signature
Registration:	Name