

Ref: 104/14

24<sup>th</sup> June 2014

Dear Parent / Carer and Students

**10L Rewards Trip to Liverpool One Jungle Rumble Adventure Golf, Tuesday 22<sup>nd</sup> July**

As you may be aware, I will be leaving St Margaret's and the teaching profession at the end of this year to pursue a vocation within the church. I will be sad to leave the school, and in particular my form 10L.

As a 'thankyou' for their superb behaviour in form over the past 4 years I would like to take the form on a rewards trip to the Liverpool One Jungle Rumble Adventure Golf. The form will be supervised by myself and Mr Carthy. We will travel to the venue using the school coach at 3.15pm. Students will be wearing school uniform during the school day and for the duration of the event. **Students will be dismissed from the venue at approximately 5.30pm and will need to make their own way home.**

The cost of the trip will be £5.00, which will need to be *paid in cash* and returned in the envelope provided. Your son may also wish to take a small amount of money to purchase drinks or snacks in the venue. Please do not hesitate to contact me if the cost of the trip would result in your son being unable to attend the event. I'm sure the trip will be really enjoyable for your son, and a great way to finish the school year. For more information on the activity see <http://junglerumble.co.uk/>

I would be grateful if you could confirm your consent to your son's attendance on the trip by returning the tear off slip by Monday the 7<sup>th</sup> July at the latest and hand this in to me, Mr Harding, preferable during form time.

Yours sincerely,

Mr J. Harding

10L

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**Reply Slip:** To be handed to Mr Harding during form, no later than Monday the 7<sup>th</sup> July:

I give my consent for my son ..... to attend the **10L Rewards Trip to Liverpool One Jungle Rumble Adventure Golf, Tuesday 22<sup>nd</sup> July**. I understand that my son will need to make his own way home from the venue. Enclosed is *cash payment* of exactly £5.00

Signed:.....Parent/Carer

Date:.....