INSPIRE | CHALLENGE | EMPOWER



Monday 9 March 2020

Dear Parents/Caregivers

Proposed Optional Year 7 and 8 Camp 2020

This year our students will have an opportunity to go to an optional camp at Lakewood Lodge. The camp will be a 4 day, 3 night camp from Tuesday 13 October – Friday 16 October 2020. Lakewood Lodge is halfway between Auckland and Hamilton. It will cost \$370 per student to attend the camp which includes, transport, meals and trained staff who run all of the activities. Camp as an optional activity with a limit of 132 students able to attend.

At this point we are surveying parents to gauge the viability of offering camp this year.

Included in the camp at Lakewood Lodge:

- Accommodation, bring sleeping bags only
- All meals
- Trained instructors for all activities
 - o Horse games
 - o Kayaking
 - o 11 metre climbing wall
 - o Low ropes course
 - o Frisbee golf
 - o Archery
- Water slide
- Interaction with and feeding the pet farm animals
- Grooming and looking after horses for those interested, also miniature horse and cart rides
- Burma trail
- Campfire with toasted marshmallows. Ghost stories and singing!
- Volleyball/J-Ball/Basketball
- Disco
- Concert
- Survival Adventure Camp for 24 hours.
- Tug of War Competition
- Mudpit
- Eeling
- Ultimate Frisbee
- Pool and table tennis competitions
- Spotlight
- Trampolines
- Sing-Star Competition
- Twin flying foxes over the lake

Please complete the attached form and return to the Office by Friday 20 March 2020 to indicate if you would like your child to have the opportunity to go to camp this year.

Please feel free to contact me if you have any questions.

Kind regards

Leanne Somerville Smith

Deputy Principal

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138 Chivalry Road, Glenfield Auckland 0629, New Zealand

Please return this page to Fi in the Office by Friday 20 March

I would like my child	Room	to attend camp a
Lakewood Lodge in Term 4. I understand th		and I am prepared to page
\$370 to cover the cost.		
□ I would be interested in being contacted to	be a parent help for the duration	on of the camp
Name:	Contact Number	
Ivallic.	Contact Number.	
Parent/Caregiver Name:		
Signed:	Date:	