Dear Students / Parents / Guardians

This is the first notice to parents of students interested in attending the 2013 Ski Trip. The trip is open to years 10-12. The tour is for six (6) days and is scheduled from Sunday 22 September to Friday 27 September 2013. This is the first week of the September holidays.

This is a competitively priced tour which will provide between 20-24 students a week of a wonderful ski experience.

This package to Perisher Blue in NSW includes:

- Return flights as per itinerary (see attached)
- Return coach transfers from airport to accommodation
- 5 nights’ accommodation – multi share
- Daily return transfers from Ski Rider to Perisher ski fields
- 5 breakfasts and 5 dinners at the Ski Rider accommodation
- 5 ½ days hire of skis, poles and boots
- 5 ½ days of parka & pants clothing and helmet Hire
- 5 ½ days All Mountain Lift Pass with 5 x 2 hour all standard lessons
- Perisher school trip t-shirt
- **BONUS** Skiing from 12:00pm on Sunday for intermediate to advanced skiers
- **BONUS** Beginner lesson from 1:00pm on Sunday
- Travel insurance
- National Park entry fees

Other expenses to be budgeted for, which are **NOT** included but are optional:

* **Snowboard** hire optional upgrade ($70.00 – includes wrist guards) – paid with tour cost
* Meals / snacks on plane - $15.00 each way
* Lunch while on the slopes [daily snack type (allow $5.00 - $15.00 per day)]
* Spending money (personal choice of how much)
* Locker hire for personal belongings on the mountain (This may be shared with another student – approximately $30.00 for the week)
* EXCLUSIVE CORINDA STATE HIGH SCHOOL SNOW TRIPPIN’ POLAR FLEECE HOODIE (approx. $50.00)

The cost of the package is $1550.00 per student skiing and $1610.00 per student snowboarding

We are providing the ability to pay in instalments as follows;

- NON-REFUNDABLE DEPOSIT AND FIRST PAYMENT - Friday 1 March $400.00
- 2nd payment – Monday 25 March $400.00
- 3rd payment - Friday 10th May $400.00
- Final Payment - Friday 19th July Remainder

Please note that the **$400.00 DEPOSIT IS NON REFUNDABLE** if you decide at a later date to withdraw from the trip and your place cannot be filled by another student.

As numbers will be limited, early payment of deposit is recommended to avoid disappointment.

**PLEASE NOTE:** The amounts due by these dates are mandatory. However early payment of any balance owing will be accepted in consideration of these due dates, *eg for a snowboarding student - an initial payment of $400.00 by 1 March, a payment of $400.00 by 25 March, and a payment of the balance owing of $810.00 by 10 May will be accepted.*

To avoid this form from getting ‘LOST’ and to ensure yourself a seat, please return “Count Me In!!” Sheet as soon as possible, together with your deposit of $400.00 to Student Services (Roll Room / Sick Bay area).

Should parents / guardians have any questions regarding the tour, please contact Mr Adrian Cullen on the below contact details

Ph: 3379 0218

Email: acull26@eq.edu.au

All payments are to be made to the school Office.

Helen Jamieson
Principal

Adrian Cullen
Snow Trip Organiser
<table>
<thead>
<tr>
<th>Date</th>
<th>ITINERARY</th>
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<tbody>
<tr>
<td>Sun 22 Sep 2013</td>
<td><strong>Brisbane → Canberra → Ski Rider</strong></td>
</tr>
<tr>
<td></td>
<td>Depart Brisbane on DJ 1206 with Virgin Australia</td>
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<tr>
<td></td>
<td>Arrive Canberra</td>
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<tr>
<td></td>
<td>Coach transfer from Canberra Airport to Perisher</td>
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<tr>
<td></td>
<td>Arrive at Ski Rider. Drop off luggage &amp; pickup equipment</td>
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<tr>
<td></td>
<td>Free skiing from 12:00pm for intermediate to advanced skiers / boarders</td>
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<tr>
<td></td>
<td>Free beginner lesson from 1:00pm</td>
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<td></td>
<td>Check into accommodation</td>
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<tr>
<td></td>
<td><strong>Accommodation : Ski Rider x 5 nights</strong></td>
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<tr>
<td></td>
<td>Dinner at accommodation</td>
</tr>
<tr>
<td>Mon 23 Sep - Thu 26 Sep 2013</td>
<td><strong>Ski Rider → Perisher</strong></td>
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<tr>
<td></td>
<td>Breakfast at accommodation</td>
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<tr>
<td></td>
<td>Transfer to Smiggins Hole</td>
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<tr>
<td></td>
<td>Full Day skiing with 2 hour lessons at Smiggins Hole</td>
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<tr>
<td></td>
<td>Return to Ski Rider</td>
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<tr>
<td></td>
<td>Dinner at accommodation</td>
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<tr>
<td>Fri 27 Sep 2013</td>
<td><strong>Ski Rider → Perisher → Canberra → Brisbane</strong></td>
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<td>Breakfast at accommodation</td>
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<td></td>
<td>Return equipment hire</td>
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<td></td>
<td>Coach transfer to Canberra Airport</td>
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<tr>
<td></td>
<td>Depart Canberra on DJ 1225 with Virgin Australia</td>
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<tr>
<td></td>
<td>Arrive Brisbane</td>
</tr>
</tbody>
</table>
COUNT ME IN!!

Intention to Participate

I am very interested in being included in extra-curricular excursion to Perisher and will await further information

PLEASE PRINT NEATLY

NAME: ……………………………………………………………………………

FORM CLASS: ………………………

EMAIL ADDRESS: ……………………………………………………………………………

Tour Polar Fleece Size (optional) (please circle) - XS  S  M  L  XL

Please circle to indicate preferences:

Skis  Snowboard

Beginner  Intermediate  Advanced

____________________________________       ____ / ____ /____

Parent / Guardian Signature

Please sign and date

Return this sheet to the Student Services with deposit
Privacy Notice
The Department of Education and Training is collecting the personal information requested in this form in order to:
- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records were necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance
The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent
Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.

☐ I give consent for my child ................................................................. (print child’s name) in class .................... (print class details), to participate in the activity detailed above.

☐ I agree to pay to the school the costs detailed above on the outlined dates prior to my child’s participation

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child’s behalf.

Parent / CarerName: _________________________________________________________________(Please Print)

Parent / Carer’s Signature: ___________________________ Date: ______/______/______

Please give full details of any problems, either medical or physical, which may affect your child’s full participation in the activity:

Excursion Payment Advice
Excursion / Activity: ... CSHS SNOW TRIPPIN’ 2013

Department: Administration

Cost: ..........................................

Student’s Name: ................................................................. Form Class: ..........................................

For credit card payments (OUR PREFERRED METHOD OF PAYMENT) please complete the information below and return to the Cashier for processing. Please debit my credit card for the amount of: $.......................

Name (Please Print)............................................................................................................

Signature.......................................................................................................................

Mastercard[ ] Visa[ ] EXPIRY DATE [ 1-12 ]

CARD NUMBER [ 1-16 ]