



21<sup>st</sup> September 2018

Dear Parents

**PEAT RIGG OUTDOOR CENTRE RESIDENTIAL VISIT  
WEDNESDAY 1<sup>st</sup> – FRIDAY 3<sup>rd</sup> MAY 2019**

We are planning to take Upper 1, Lower 2 and Upper 2 to Peat Rigg Outdoor Centre, near Pickering, for a multi-activity residential visit from Wednesday 1<sup>st</sup> May to Friday 3<sup>rd</sup> May 2018.

Peat Rigg is a converted 19<sup>th</sup> century farmhouse set in 100 acres of the beautiful rural scenery of Copton Forest on the southern edge of the North York Moors National Park. Accommodation is in the Farm House and the Green House, a brand new Eco Centre.

This course has been designed to develop leadership and teamwork as well as activity related skills. The three year groups will follow different programmes of age and skill appropriate activities.

The cost of the course is £200.00, which includes return transport by coach to and from the centre, instruction by trained and qualified staff, two nights' full board accommodation (vegetarian and special diets are catered for), evening activities, the use of specialist equipment and comprehensive insurance throughout the visit.

If you would like your son or daughter to take advantage of this opportunity, please complete and return the attached slip with a non-refundable deposit of £80.00, made payable to Gateways Educational Trust, by Friday 5<sup>th</sup> October. Further payments of £60 will then be due by 25<sup>th</sup> January and 29<sup>th</sup> March 2019.

Bank transfers can be made into the Gateways Educational Trust Account, sort code 60 60 05, account number 86480995.

Yours sincerely

Mrs H Wallis  
Head of Prep School



To: Mrs Wallis

**PEAT RIGG OUTDOOR CENTRE RESIDENTIAL VISIT  
WEDNESDAY 1<sup>st</sup> – FRIDAY 3<sup>rd</sup> MAY 2019**

I would like my son/daughter ..... to be included in the  
above residential visit.

I enclose a non-refundable deposit for £80.00 payable to 'Gateways Educational  
Trust Limited'.

Relevant medical/dietary information:

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.....  
.....

My contact number(s) for the period of the visit will be:

.....  
.....

I give permission for my son/daughter to receive emergency medical treatment or  
medication if required.

Parent's Signature .....Date.....