





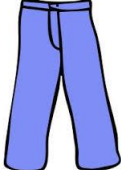











# STUDENTS NEED TO BRING

Please remember to clearly name every item with your Son/Daughter's:-

NAME  
and  
SCHOOL NAME

Thank you

|   |   |  |   |
|---|---|--|---|
|    | <input type="checkbox"/> Sleeping Bag   |    | <input type="checkbox"/> Pillow<br><input type="checkbox"/> Pillow Case<br><input type="checkbox"/> Blanket |
|    | <input type="checkbox"/> 2 X Shorts<br>(Suitable for riding bikes long distances)                               |   | <input type="checkbox"/> Tracksuit Pants<br>(Suitable for riding)   |
|    | <input type="checkbox"/> 3 X T-shirts<br>(Suitable for riding)  |    | <input type="checkbox"/> 2 X Shirts<br>(For night time)   |
|    | <input type="checkbox"/> 2 X Warm Pants<br>(NO JEANS)   |    | <input type="checkbox"/> 2 X Jumpers  |
|   | <input type="checkbox"/> Onesie or Pyjamas  |   | <input type="checkbox"/> 2 X Shoes  |
|  | <input type="checkbox"/> 3 X Pair of Socks &<br><input type="checkbox"/> 3 X Underwear                          |  | <input type="checkbox"/> Wet Weather Gear<br>(Suitable for riding)  |
|  | <input type="checkbox"/> Toiletries<br>✓ Soap & Face Washer<br>✓ Toothpaste & Brush<br>✓ Deodorant & Brush      |  | <input type="checkbox"/> Towel  |
|  | <input type="checkbox"/> Dilly Bag<br>✓ Plate, Bowl & Cup<br>✓ Knife, Fork & Spoon in a draw string bag         |  | <input type="checkbox"/> Sunscreen<br><input type="checkbox"/> Sunglasses                                   |
|  | <input type="checkbox"/> Sun Hat<br><input type="checkbox"/> Beanie   |  | <input type="checkbox"/> Torch<br><input type="checkbox"/> Insect Repellent                                 |
|  | <input type="checkbox"/> Water Bottle<br><input type="checkbox"/> Bike Helmet<br>May be supplied by your School |  | <input type="checkbox"/> Personal Medication<br>(Clearly labelled with your family name)                    |

**PLEASE NOTE:- NIGHTS MAY BE VERY COLD**