



LTIS/Middle School/Cr. no/14

Date: 22/12/2023

Dear Parents,

This is to inform you that LTIS has arranged a One Day fun filled picnic for the students of **Class VII & VIII** to **Imagica – An Entertainment Amusement Park** on **13<sup>th</sup> January, 2024**.

**Mentioned below are the details for the same:**

- 08:00am: Assemble in School in P.E uniform  
08:30am: Leave for IMAGICA Amusement Park  
10:00am: Reach IMAGICA Amusement Theme Park & have breakfast  
10.30am: Enjoy various Rides.

**(Rajasaurus river adventure, Alibaba aur chaalis chor, I for India, Mr. India –the Ride and many more....)**

- 01.00pm: Lunch will be served from Imagica  
(Mumbaiya Pav Bhaji + Veggie Balls in Manchurian Sauce + Veggie Fried Rice + Fryums + chocobite ice cream)  
04:30pm: Leave for School (En route packet of farsan will be served)  
06:00pm: Reach School & Depart Home with Sweet Memories.



**Trip cost: Rs.1450 /- per student**

***Interested parents may deposit the amount to the class teacher along with the consent form by Monday, January 8, 2024. Consent form will be distributed to students on 2<sup>nd</sup> January 2024.***

**Things to Carry: cap, water bottle, Napkin. ID card is compulsory.**

**For LTIS**

**Principal**

## CONSENT FORM

To,  
The Principal,  
Lokmanya Tilak International School,  
Koparkhairne, Navi Mumbai



Respected Sir / Madam,

I the undersigned { name of parent } \_\_\_\_\_ authorize my child { Child name } \_\_\_\_\_ to join the trip to Imagica, Khopoli as per the details mentioned and agree to follow all safety protocols as per Govt. protocols of the Covid -19.

Whilst appreciating your assurance for the safety of my child, I undertake not to hold The Adventure Management, the Staff, its suppliers and the School, responsible or liable for any damages or change in itinerary programme due to unforeseen circumstances beyond the control and Force Majeure event.

Name: \_\_\_\_\_

Std \_\_\_\_\_ Div \_\_\_\_\_ Roll no. \_\_\_\_\_ Meal: Veg \_\_\_\_\_ Jain \_\_\_\_\_ (Please tick appropriate)

Address \_\_\_\_\_ Tel No. \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_