



# ST JOSEPH'S CATHOLIC HIGH SCHOOL

16 Macquarie St, Albion Park NSW 2527  
PO Box 130, Albion Park NSW 2527  
Tel: (02) 4230 8500  
Fax: (02) 4256 5793  
Email: [info@sjchsdown.catholic.edu.au](mailto:info@sjchsdown.catholic.edu.au)

16<sup>th</sup> October 2017

Dear Parent/Guardian

## Diocesan Boys Basketball 2017

Your child has been selected to represent St Joseph's Catholic High School in the Diocesan Boys Basketball Championships. Details are as follows:

<b>Venue:</b>	<b>Campbelltown Basketball Stadium</b>
<b>Date:</b>	Monday 30 <sup>th</sup> October 2017
<b>Time:</b>	6:50 am sharp. Students to meet at Church Street. Approximate returning time to school is 4:30 pm.
<b>Transport:</b>	Bus
<b>Cost:</b>	\$30.00 per student to cover entry fee.
<b>Uniform:</b>	Players are to wear sports uniform and bring their own mouthguard if required.
<b>Canteen:</b>	As it has not been communicated whether or not there will be a canteen on the day, students are asked to bring their own food and drink requirements for the whole day.
<b>Payment:</b>	<b><i>Online payment is our preferred payment method for this activity.</i></b> Go to the school website <a href="http://www.sjchsdown.catholic.edu.au">www.sjchsdown.catholic.edu.au</a> Homepage, Student Life, Permission Notes and Payments and select the relevant activity. This link closes at 3:30 pm on the final day of payment. Alternatively, payment can be made at the front office via Cash or Eftpos.

**In the instance of a cancellation students will be expected to attend school as normal.**

Parents are most cordially invited to attend the day.

Final day for payment for this event is Wednesday 25<sup>th</sup> October, 2017  
Notes and payments received after this date will not be accepted.

If you have any questions regarding this excursion, please do not hesitate to contact the School on 4230 8500.

Yours sincerely

Mr Zac Ellul  
Acting Sports Coordinator

## Diocesan Boys Basketball 2017

To be returned by Wednesday 25<sup>th</sup> October, 2017

Please note the Excursion Policy states that the permission note and money must be returned by the due date or the student will not be able to participate.

**Teachers:** Mr Plattner and Mr O'Neil  
**Event:** Diocesan Boys Basketball 2017  
**Date:** Monday 30<sup>th</sup> October 2017

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to represent St Joseph's at the Diocesan Boys Basketball at Campbelltown Basketball Stadium on Monday 30<sup>th</sup> October, 2017.

***I understand that students will be traveling to and from the venue by bus.***

My child has had a history of the following medical conditions/injuries:

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The cost of this event is \$30.00

Please indicate payment method:

Payment enclosed \$ \_\_\_\_\_

Online payment receipt no: \_\_\_\_\_

(or receipt attached)

Final day for payment for this event is Wednesday 25<sup>th</sup> October, 2017  
Notes and payments received after this date will not be accepted.

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_