



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

16th October 2017

Dear Parent/Guardian

Diocesan Girls Basketball 2017

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

- Venue:** Illawarra Sports Stadium, Hooka Creek Road, Berkeley.
Date: Monday 30th October 2017
Time: 8:15 am sharp. Students to meet at the venue. Approximate finish time is 3:00 pm.
Transport: Students are to make their way to and from the venue by private transport with their own parent/s.
Cost: \$10.00 per student to cover entry fee.
Uniform: Players are to wear sports uniform and bring their own mouthguard if required.
Canteen: 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.
Payment: ***Online payment is our preferred payment method for this activity.*** Go to the school website www.sjchsdown.catholic.edu.au 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 25th 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 Girls Basketball 2017

To be returned by Wednesday 25th 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: Mrs Musgrave and 1 other staff member
Event: Diocesan Girls Basketball 2017
Date: Monday 30th October 2017

I give permission for my child _____ of Homeroom _____ to represent St Joseph's at the Diocesan Girls Basketball at Illawarra Sports Stadium on Monday 30th October 2017.

I understand that students will be traveling to and from the venue by private transport and that they will need to be dropped off and picked up at the venue by their own parent/s. Under no circumstances are students permitted to travel with other parents or senior students.

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

The cost of this event is \$10.00

Please indicate payment method:

Payment enclosed \$ _____

Online payment receipt no: _____

(or receipt attached)

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

Parent Name (please print): _____

Parent Signature: _____

Daytime Contact Number: _____

Date: _____