

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@sjchsdow.catholic.edu.au

28th May 2018

Dear Parent/Guardian,

Years 11 Hospitality – Good Food Show 2018

This excursion is for students to discover new foods and the latest products within the industry. They will have access to hundreds of local and international exhibitors, showcasing their produce and expertise. Students will have the opportunity to apply their knowledge and learn new recipe ideas from some of Australia's best chefs and restaurateurs, where they will be shown how to recreate their delicious creations.

Details of the day are as follows:

Date: Venue: Transport:	Friday, 22 nd June 2018 (Week 8) International Convention Centre, Sydney Bus
Departure:	8.30am
Return:	3.30pm. Every effort will be made to return to school by 3.25pm, however parents should be aware that pickup may be required.
Cost:	\$50.00
Trybooking link: https://www.trybooking.com/388692	
Dress:	Full School Winter Uniform, including Blazer
Bring:	Food and drinks for the day, or money to purchase limited food.

Supervising Teachers: Mr Col Ferderer

Payment: Online Payment is our preferred payment method. Go to the school website www.sjchsdow.catholic.edu.au Homepage, Notes & Payments and select the relevant link. This link closes at 3:30pm on the final payment date.

Alternatively, payment is available at the office via Cheque/Cash or Eftpos.

Please complete the below permission slip including online confirmation payment receipt and return to the school office.

Final payment is Friday 15th June, 2018; no notes or payments will be accepted after <u>this date.</u>

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

Yours sincerely,

Mr Col Ferderer TAS Teacher

Permission Note Years 11 Hospitality – Good Food Show 2018

Name: ______

Contact Number: _____

The cost of the excursion is \$50.00

Payment method used:

Payment enclosed \$ _____

□ Online payment made:

RECEIPT ATTACHED / RECEIPT NO: _____

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Please indicate if your child has any allergies we need to be aware of, and any medication that is required:

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent/Guardian Signature:

Date: _____