## GOOD SHEPHERD CATHOLIC PRIMARY SCHOOL

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## **BOOROWA SPORTS CARNIVAL**

2 August 2017

Dear Parents,

Based on a high level of interest in the Boorowa Sports Carnival, Good Shepherd will enter 8 teams in the 2017 competition. If you did not fill in the expression of interest form but would still like to enter please return forms with payment by the due date and your child will be added to a team. The Boorowa Sports Carnival will be held next term on **Friday 20th October**. It will be a great day for all involved.

Travel : Bus (with seat belts)

Leave School : 6:15 am
Return to School : 5:30 pm
Cost : \$45

The children will be accompanied by teachers from the school and the teams will be managed throughout the day by parents who have volunteered to coach and manage these teams. Parents are invited to join us on the day and there is no charge for those parents wishing to catch the bus, if there available seats.

Please note that some Saturday netball teams have been either combined or mixed due to numbers.

There are canteen facilities on the day and the children are welcome to either bring their own lunch or purchase it there.

It is important that the children wear their Good Shepherd sports uniform and bring with them a hat, sunscreen, a water bottle and enough food to get them through a long day.

Could you please fill in the permission slip and return money to school before **Wednesday 9 August.** (Week 4)

With thanks Marty Capon

## Permission slip for Boorowa Sports Carnival

ly child has permission to participate in the Boorow				
Sports Carnival on Friday 20th C	October.			
<ul> <li>safety, well-being and succept that my child is explained this obligation to the safety.</li> </ul>	ver discipline they deem necessary to ensure the accessful conduct of the students as a group, or Sports Carnival.  at the time specified at the end of the day.  to behave in an appropriate manner and have to him/her. I agree that if my child contravenes he/she may be excluded from future carnivals			
Does your child have any m Boorowa Sports Carnival? If so,	edical conditions that may affect him/her at the please explain.			
Date of last Tetanus injection?_	Medicare number:			
Emergency Contact Details				
Name:	Relationship:			
Phone:	Mobile:			
teacher in charge, where it is if for my child to receive such n also undertake to pay costs	ON: In the case of an emergency, I authorise the impracticable to communicate with me, to arrange nedical attention as may be deemed necessary. Is which may be incurred for medical attention, ication while the child is on the excursion.			
Signed:	Date			
Parent Name:				

## **Bus Travel**

TO assist with bus book	angs piease inaica	te now your chi	ia wiii iravei 10 ine Carnivai.
	Catch the Bus to B	oorowa	
	Travel by private tr	ansport to Boor	owa
Ι	parent of		would like to travel by
bus to Boorowa.			
Any parents accomp	anying students on	the day will rec	ıuire a WWVP card.
WWVP Card Number:		_ Expiry:	
•		•	rts Carnival
Parent name:			
Parent phone no:			
Child/ren names:		🗖 \$45	
		🗖 \$45	
Total amount of payn	nent:		
Payment by:			
□ QKR! – receipt no: _			
☐ Cash – delivered to	front office		