

ST JOSEPH'S PRIMARY SCHOOL

78 Alex Avenue
Schofields NSW 2762

Phone: (02) 9626 1328

Fax: (02) 9626 3066

Website: <http://www.stjosephsschofields.catholic.edu.au>

Email: stjosephsschofields@parra.catholic.edu.au



Stage 2 soccer gala day (re-scheduled)

17th July 2017

Dear Parents/Carers,

The Stage 2 Boys and Stage 2 Girls Soccer Gala Day has been re-scheduled

Date: Wednesday 2nd August **Cost:** \$5 per child (if have not already paid)

Venue: Jamison Park, Jamison Rd, Penrith (8:30- 2:45 approx.)

Uniform: Full Sports uniform, hat, soccer boots with moulded studs and shin pads must be worn

Bring: Recess, Lunch, plenty to drink (water), sunscreen, a towel to sit on

Travel arrangements: You will be responsible for organising your child's transport for the day. Please indicate this below. **Children will not be back in time for school buses. Please arrange alternative pick up for your child.**

Training: Monday afternoons from 2:45 - 3:45 with Mr Schelle and parent volunteer coaches. If possible, can your child please bring a soccer ball with them to training. Please pick up your child promptly by 3:45pm. Mr Schelle will be attending the gala day as the supervising teacher.

Referee volunteer: We are required to supply a referee for the day. If you know anyone who is able to referee for the day please contact the school as soon as possible with their name and contact number.

Mr Justin Schelle
S2 soccer coach

Lesley Studans
Principal

Please return Permission slip by Friday 21st July

- I give permission for my child _____ of class _____ to attend the Stage 2 Soccer Gala Day on Wednesday 2nd August.
- I have previously paid the \$5 or have now enclosed payment of \$5
- I will be driving my child to/from Jamison Park, Penrith.
- I give permission for my child to travel with _____ to/from Jamison Park, Penrith
- I give permission for my child to attend training sessions on Monday afternoons at 2:45-3:45 until the gala day.
- _____ is available to referee on the day. Contact phone number _____

Name: _____ Contact number: _____

Signed: _____ Date: _____

Other emergency contact: _____ (name) _____ (contact no.)