**Athletics Carnival 2018**

Dear Parents and Carers

|  |  |  |  |
| --- | --- | --- | --- |
| Event | K-6 Athletics Carnival | Date | 22/05/18 |
| Where | Mallabula Sports Complex | Time | All day |
| Transport | Bus | Cost | $5 |
| POP Available YES / NO  | If paying online please select “Excursions” and then enter “Athletics Carnival” as the Payment Description |
| What to wear | House colours (sun safe – NO SINGLETS), joggers |
| What to take | Hat, water bottles, sunscreen, lunch, recess, warm clothes |

**Information on event**

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| --- |
| The school athletics carnival will be held at Mallabula Sports Complex on Tuesday 22nd May for all students K-6.  All students must meet at school in the morning for explicit instructions regarding the day and will then catch the bus to the carnival. Buses will leave school at 9:10am and return before school finishes so students can make their normal way home from school. Students may leave the carnival with their parent, however the cost remains at $5 as we need to cover the cost of buses. Please inform your child’s teacher to get their names marked off. If your child is intending on leaving with another parent, a written note is required from the child’s parent stating this. Parents are most welcome to come and cheer on their children. We will also need the support of parent volunteers to assist with the running of this carnival. There will be a canteen open on the day.As the event is a formal school day, attendance is compulsory for all students in Kindergarten to Yr 6 as no supervision will be available at school for these students. |

**CLOSING DATE FOR MONEY AND PERMISSION NOTES: 21st May 2018**

**Online payments must be made by 5pm the day before the closing date.**

Holly Deguara

Relieving Principal

**✂ ……………………………………………………………………………………………………………………….**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend

|  |  |  |  |
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| Payment Method | Online Receipt # **OR** Cash / Cheque  |

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Name of payee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

 (for receipting – **PLEASE PRINT**)