**Swimming Carnival 2018**

Dear Parents and Carers,

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| --- | --- | --- | --- |
| Event | Swimming Carnival | Date | 7th February |
| Where | Tilligerry Aquatic Centre | Time | 9:15-2:00pm |
| Transport | Bus | Cost | $7.50 |
| POP Available  YES / NO | If paying online please select **Sport** and then enter **Swimming Carnival** as the Payment Description | | |
| What to wear | Swimmers can be worn underneath sport house coloured clothes, school hat | | |
| What to take | A packed lunch and recess. Sunscreen. 2 Towels. Dry clothes. Water bottle. | | |

**Information on event**

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| The school swimming carnival will be held at Tilligerry Aquatic Centre on Wednesday 7th February for all students in years 3-6 and year 2 students who turn 8yrs and older this year. Entry to the pool will cost $3.40 and bus fare is $4.10 totaling $7.50.  Competent swimmers are expected to swim in the age races. Novelty events will be held for swimmers who are not strong swimmers.  Sunscreen should be applied in the morning and reapplied throughout the day. Reminder announcements will be given during the day.  Parent volunteers will be most welcomed on the day to time keep/record etc... Please let me know if you would be interested.  A school team will be selected to attend the Zone Swimming Carnival. This is determined by the time children have swam rather than their place in an event. The Zone qualifying times are regulated by the PSSA.  As the event is a formal school day, attendance is compulsory regardless of ability. |

**CLOSING DATE FOR MONEY AND PERMISSION NOTES: 5th February 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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| Transport | Bus | Cost | $7.50 |
| Payment Method | Online Receipt # **OR** Cash / Cheque | | |

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

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

(for receipting – **PLEASE PRINT**)