Monday 24th February, 2020

### Blacktown Zone Swimming Carnival 2020

Dear Parents and Caregivers,

Your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_\_\_\_ was successful in qualifying for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ event/s at the Blacktown Zone Swimming Carnival for 2020. Students will represent Marayong Public School and compete against other schools in the Blacktown Zone.

*Details are as follows:*

**Date: Wednesday 4th March, 2020**

**Travel:** Private transport. Parents are able to sign their child out and take them home at the conclusion of the carnival.

**Venue: Blacktown Aquatic Centre**

4 Boyd St, Blacktown NSW 2148

**Time:** Transport to leave the school at 8.00am for a 8.30am start and 2.30pmfinish.

**Cost:**  **$6.50** (includes pool entry and carnival costs). Payment can be made in cash or online using the payment

reference ‘Zone Swimming Carnival’.

**Bring:** Food, swimmers, towel, drinks, recess and lunch

**Wear:** Full school uniform

**Supervision:** Adequate supervision will be provided

Please complete and return the permission note with payment to the school office by **Monday 2nd March, 2020.**

Miss N. Phillips Mrs K. Pizzinga

Sports Coordinator Principal

### Blacktown Zone Swimming Carnival 2020

### Permission Note

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_ to attend the **Blacktown Zone Swimming Carnival** at **Blacktown Aquatic Centre** on **Wednesday 4th March, 2020** at a **cost of $5.** This excursion has the approval of the Principal.

Online payment receipt number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the transport arrangements that need to be arranged:

□ I can provide transport for my child

□ I can transport \_\_\_\_\_\_\_\_\_ (number) of children

□ My child requires transport

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Caregiver)