

Blackwell Public School

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13th September, 2017

Dear Parent/Guardian,

Your child is a member of the Blackwell Ballroom Dancing Team. This team has been training very hard during lunchtimes throughout the year to compete in the Sydney West Dance Sport Championships 2017.

VENUE: *Penrith Sports Stadium
Herbert Street Cambridge Park NSW 2747*

TIME: *Competition starts at 9.30am to 2.30pm. Depart school at 8.30. Students need to be at school by 8.15.*

DATES: *Thursday 19th and 26th October 2017*

TRANSPORT: *Students will catch a bus to and from the venue.*

COST: *The cost for both days will be \$10. If a student is unable to attend one of these days it will still be at a cost of \$10.*


Students participating will need to wear full school uniform with white socks and **BLACK** shoes. Girls will need to wear a school skirt and have their hair in a bun. Year 6 students need to wear their legends shirts.

Students will be required to bring a packed recess and lunch, or they may bring money as there are canteen facilities available.

Please return the permission note and money to the front office no later than Wednesday 11th October (Week 1, Term 4).

This activity has the approval of the principal.

Kind Regards,
Mrs Bulluss & Miss Makragic

 Cut here and return this portion

I give permission for my child _____ of class _____ to attend and compete in the Ballroom Dancing Championships on:

- Both dates-Thursday 19th and 26th October
- Thursday 19th October only
- Thursday 26th October only

I understand students will be traveling by bus to and from the venue, leaving school at approximately 8.30am and returning to school before 3.00pm.

Special needs of my child which you should be aware to the best of my knowledge; he/she has no medical condition, disability or injury which puts him/her at risk participating in this sporting activity.

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf may be required.

Med Care No: _____ Contact No: Mobile _____ Home: _____

Signed: _____ Date: _____
Parent/Guardian