



31 July 2017

Dear Parent/Guardian,

Your child has expressed interest in participating in the Touch Football ACT's Gala Day for Year 5/6 Boys and Girls.

<b>DESTINATION</b>	Deakin playing fields, Makin Place, Deakin
<b>PURPOSE OF EXCURSION</b>	To provide the children with the opportunity to participate in the Touch Football ACT's Gala Day for Year 5/6 Boys.
<b>DATE</b>	Thursday, 17 August 2017
<b>TIME</b>	8:45am - 2:45pm
<b>TRANSPORT</b>	Parents are responsible for getting their child to and from the carnival. We are happy for you to arrange transport amongst yourselves for your children.
<b>WHAT TO WEAR</b>	School Sports Uniform
<b>WHAT TO BRING</b>	Lunch and Recess for the Day and a drink bottle.
<b>YEAR LEVELS INVOLVED</b>	Years 5/6 Boys
<b>COST</b>	\$10
<b>RETURN DATE OF PERMISSION NOTE</b>	All notes are to be returned no later than <u>Friday 11th August 2017</u>

- I have paid the \$10 registration/participation fee.
- I have paid with cash to my schools front office.
- I give my child permission to have their photograph taken so that it may be used for promotional material by the school or ACT Touch.
- I do not give permission for my child to have their photograph taken.

I give permission for my child \_\_\_\_\_ to participate in the Touch Football ACT's Gala Day for Year 5/6 Boys. I understand my child will be under the supervision of a Sacred Heart Teacher for the day and I am responsible for getting my child to and from the day.  
***If your child requires any medical treatment during the excursion, please attach further details. I have read the information regarding this excursion and understand what it contains.***

Signature of parent/guardian: \_\_\_\_\_  
 Emergency Contact Details: \_\_\_\_\_  
 Date: \_\_\_\_\_