Cambridge Gardens Public School

innovation, excellence and connections

District Cross Country - 2018

Date: 9 April 2018
Dear Parents,
This letter is to provide you with information regarding the District Cross Country , details of which are outlined below.
Excursion to: Your child of class has been selected to represent Cambridge Gardens Public School at the 2018 Penrith Cross Country Carnival in the years age group to be held at Jamison Park on Wednesday 9 th May 2018.
Classes attending: Qualifying students
Organising Teacher: Noelle Stoeckl
Staff in attendance: Daniel Attard , Noelle Stoeckl
Dress: Students are required to wear school sports uniform (running spikes are NOT allowed). Lunch, recess and adequate water/drinks need to be brought on the day as there is no canteen. Sunscreen and a hat will be needed, especially while students wait for their race
Transport: All competitors are expected to organise their own transport to and from the venue. On arrival at Jamison Park, students will need to meet Mrs Stoeckl in the Cambridge Gardens tent, by 8:45am, as she is the team manager on the day and will distribute competitor's name tags.
Cost per student: The cost of the carnival will be \$7.00 and is to be paid to the office prior to the date. The cost is to cover affiliation fees for the carnival.
Payment: Money and permission notes are due by Wednesday 2 th May.
Specific Rquirements: We will walk the course at 9.45 a.m. and the carnival is expected to conclude at 2.00 p.m. All competitors are to sit with their team manager in the spectator area throughout the day except when the competitor is actually competing. No students are to be around or in the skate park.



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All payment slips and permission notes to the front office please

Permission Note — District Cross Country Excursion			
I give permission for my child the District Cross Country at Jamison Park on O	of class	to attend	
the District Cross Country at Jamison Park on O	n Wednesday 9''' May 2018.		
Please advise of any changes to the medical de	etails the school has on file and any a	llergies or	
conditions that may affect your child on the day.			
Medication/Time required			
Please tick:			
 Payment made online through POP - P 	Please put Surname-District Cross Cou	untry in Payment	
description Receipt No.:			
 Please find enclosed \$7 for the excurs 	ion to the District Cross Country		
Parent Sign			
Please sign and return the attached permission 2018.	n and payment slip to the office no la	iter than 2nd May	
Kind Regards,			
Mrs N. Stoeckl	Mr Adam ^v	Wynn	
Cross Country Coordinator	Principal		

