



T-20 Big Blast Gala Day Permission Form

Date note distributed:	Wednesday 2nd of November
To:	Parents/Guardians of School Cricketers
Date & Time of event:	Thursday 9 th of November. 9.00am – 2.30 pm
Where:	King George Reserve in Bentleigh
Cost:	\$ 10 – cost of bus
You can find the QKR charge in the:	Special Payment Tab
Response Required: YES/NO	YES
Return form & payment due by:	Wednesday 8 th of November
Staff member in charge & e-mail addresses:	Marcus Mooney mooney.marcus.d@edumail.vic.gov.au

Dear Parents,

Your child has been selected to play in the District T -20 Big Blast Cricket Gala Day. Tennis balls are used, so cricket pads are not required. Children are to wear sport shorts, runners, a school t shirt (OS Green t shirt, if they have one) and their school hat. Please bring a snack, lunch and a drink.

We do need a couple of parents to be managers for their child’s team. If you can, please sms me.

Thank you,

Marcus Mooney

0407 881 094

OSPS uses an app called QKR! as our preferred payment method for accepting payments from parents. It is a quick and easy to down load and learn. QKR! Payments are child specific – please ensure you have selected the correct child before finalising a payment. Please visit the OSPS website for instructions and further information www.oakleighsouthps@vic.edu.au/tiqbiz-qkr

QKR website link www.qkr.mastercard.com/for-everyone-australia

Once you have completed your payment, please complete the permission note and return it to your classroom teacher. If you have any questions, please contact the school office on 9570 1016.



T – 20 Big Bash Gala Day PERMISSION FORM

I have used Qkr! (please tick the box).

Date of QKR! payment: _____

Please circle: I give permission for my child to participate in the T-20 Big Blast on Nov 9th		YES
I also authorise the teacher in charge to give consent (where it is impracticable to communicate with me), to my child receiving medical, ambulance or surgical treatment as may be deemed necessary.		
Student’s name:		Grade
Parent / Guardian Signature:		Date
Emergency Contact Number:	Medicare Number:	