



## Touch Football Eastern Conference 2019

<i>Date note distributed:</i>	Friday 15 <sup>th</sup> March, 2019
<i>To:</i>	Parents/Guardians of Boys and Girls Touch Football players
<b><i>Date &amp; Time of event:</i></b>	Tuesday, 19 <sup>th</sup> March, 2019
<i>Where:</i>	Greaves Reserve, Dandenong
<i>Cost:</i>	\$10 cash please to me
<i>Response Required:</i>	Yes (return form to Fiona Wells)
<i>Staff member in charge &amp; e-mail addresses:</i>	Fiona Wells <a href="mailto:wells.fiona.f@edumail.vic.gov.au">wells.fiona.f@edumail.vic.gov.au</a>

Dear Parents,

On Tuesday, your child will be participating in a Touch Football Tournament in Dandenong. I have attached a fixture to this note as well. He/she will need to bring lunch, a drink bottle and wear the appropriate uniform. Boots are advisable. We will need to leave school at 8am as we have a 9am start. We will return back to school by 4pm. Thank you to the drivers who have offered their assistance.

Mike Guy	Rosalie, Myrto, Imogen, Eva, Hannah, Amelie, Jazmin
Fiona Wells	Max, Rowan, Paul, Athan
Robyn Steel	Lauren, Carina, Ella, Reanna, Miyu, Kyah
Rose Ansell	Jake, Luka, Tahj, George, Ethan, Themis
Regina Rekas	Nathan, Campbell

Thank you.

Fiona Wells



### Touch Football Eastern Conference 2019 PERMISSION FORM

<i>Please circle: I give permission for my child to travel in a private vehicle.</i>		<b>YES</b>
<i>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.</i>		
<b>Student's name:</b>		<b>Grade</b>
<b>Parent / Guardian Signature:</b>		<b>Date</b>
<b>Emergency Contact Number:</b>	<b>Medicare Number:</b>	