



# Merimbula Public School



Monday February 17, 2020

## Stage 3 Paul Kelly Cup AFL Gala Day 2020

Dear Parent/Caregiver,

Selected children in Stage 3 will be participating in an AFL Gala Day. Your child has been selected to participate. This is a great opportunity for students to learn new skills, meet new people and have fun. Students will be placed into mixed teams and will play a series of round robin games against other local schools.

**Date:** Thursday March 5, 2020

**Where:** Pambula Sporting Complex

**Time:** We will leave school straight after marking the roll and will return to school at approximately 1:45pm.

**Cost:** \$6.00 (this includes bus fee and participation fee)

Students will travel to and from the Gala Day by bus. Students will be required to wear a team sports uniform (provided) as well as bring a hat and appropriate shoes (football boots preferred, moulded but no screw in studs). Students will need to pack a drink bottle (or two) and their lunch. No lunch orders from school will be provided on this day. Students requiring Asthma/Anaphylaxis medication (Ventolin/EpiPen) are required to take their medication with them.

*Optional:*

*Students will have the option to purchase a \$3 snack pack or \$5 meal deal. If student wish to purchase this please indicate below.*

Please complete and return this note with the payment to school by Thursday February 27, 2020.

Regards,  
Michelle Hulme  
Paul Kelly Cup Coordinator



### **Payment slip for Paul Kelly Cup AFL Gala Day (please return to MPS Office Monday February 24, 2020)**

Dear Ms Hulme,

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Paul Kelly Cup AFL Gala Day in Pambula on Thursday March 5, 2020.

My child suffers from the following medical issues: \_\_\_\_\_

- Cash only payment in envelope to office with note: I have enclosed \$6 for the payment of the Paul Kelly Cup AFL Gala Day.
- I have enclosed an additional **\$5** for the **Meal Deal** (sausage sandwich, popper and fruit bar).
- I have enclosed an additional **\$3** for the **Snack Pack** (popper and fruit bar).

Parent/Caregiver Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ Date: \_\_\_\_\_