



Our Lady of the Nativity School

7 Somers Street, Lawson 2783

Phone: (02) 47 532200 www.olinlawson.catholic.edu.au

23 March 2018

Dear Parents,

The Blue Mountains Sports and Aquatic Centre at Katoomba in conjunction with Mountain Majik Futsal Club are running an Indoor Soccer Gala on **Friday 18th May (Week 3 Term 2)** for children as follows:

- 9 years and under (children turning 9 years in 2018)
- 10 years and under (children turning 10 years in 2018)

There will be a MAXIMUM of seven (7) players per team and children in Stage 3 are eligible to compete. (Mixed teams will not be accepted)

If your child is interested please complete the attached **Expression of Interest** and return it to the School Office no later than Monday 9th April. **The cost of this competition has been included in the 2018 Resource Fee.** Once we determine the number of teams who will be competing we will need Parent Helpers to transport the students to Katoomba by private vehicles. Please indicate your availability on the **Expression of Interest** form.

Coaches and managers will be required on the day, so please indicate on the **Expression of Interest** if you are able to help.

Students will be notified of the members of their team as soon as we are able to organise them.

With thanks,

Lisa Samojłowicz
PRINCIPAL





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Expression of Interest

Excursion to: **Katoomba Indoor Soccer Gala 2018**
Term 2 Week 3
Friday 18th May 2018

CHILD'S NAME: _____

CLASS: _____

DATE OF BIRTH: _____

- My child is turning 9 years in **2018**, therefore they are eligible to play in the 9 years competition.
- My child is turning 10 years in **2018**, therefore they are eligible to play in the 10 years competition.

Transport Possibilities

- I would be able to use my private vehicle to transport members of the teams to the venue. I could take _____ children. (All in sash seatbelts)

Training Sessions

- I can be a Coach/Manager
- I am able to assist with training at lunchtime. My preferred day (s) are

- I have completed the online undertaking form under the "*Building Child Safe Communities*" initiative with Catholic Education Office Child Protection Training within the last two years.

Contact Phone No: _____

.....*Parent's name*

.....*Parent's signature*