



# Year 6/7 SAPSASA Basketball Carnival

Date  
Thursday 25 July

Location  
**Morphett Vale Basketball Stadium**  
States Road, Morphett Vale

Travel  
Self arranged

Uniform  
College Sports

Student Requirements  
Recess, lunch and drinks

Participation Cost  
\$10.00

Supervising Teachers  
Luke Schenscher  
lschenscher@investigator.sa.edu.au  
Suzi Wade  
swade@investigator.sa.edu.au

Details  
Reply due: **FRIDAY 5 July**

Goolwa Campus: (08) 8555 7500  
Victor Harbor Campus: (08) 8551 0900

Date for Distribution: 20 June 2019

Dear Parents/Caregivers

Your child has been selected to participate in the Year 6/7 SAPSASA Basketball Carnival on Thursday 25 July at Morphett Vale Basketball Stadium.

The Carnival will begin at 9:00am for the boys and 9:50am for the girls; both will conclude at approximately 3:30pm. The times of specific games (and when your child is required to be at the stadium) will be distributed closer to the date of the event.

Students are required to find their own transport to and from the venue. If you are having trouble finding a ride, please contact Mrs Wade on the email address provided.

Students are to wear their College Sports uniform and will require recess, lunch and drinks. A canteen will be available on the day.

There is a \$10.00 participation cost for this event. Please return the attendance slip with payment to the College by **Friday 5 July**.

Yours sincerely

**Melissa Belton**  
Junior School Wellbeing Leader  
Victor Harbor Campus

**Lauren Travis**  
Middle School Wellbeing Leader  
Victor Harbor Campus

Year 6-7 SAPSASA Basketball Carnival  
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**Student:** ..... **Class:** .....

My child:  will attend the carnival.  will not attend the carnival.

I have returned the \$10.00 participation cost. *Office use only: POS Code 197057*

**Payment Method:**  Cash  Cheque  Credit Card  EFTPOS (at the Finance Office only)

**Credit Card Payment:** No: ..... / ..... / ..... Expiry: ..... / .....

I confirm that the College has current and correct medical information/contact details for my child.

**Name:** ..... **Signature:** .....  
*Parent/Caregiver*

Please return to the College by  
**FRIDAY 5 JULY**