



# Year 4-7 SAPSASA District Athletics

Date  
Wednesday 28 October

Time  
9:30am- 2:00pm

Location  
Victor Harbor R-7 School  
The Parkway, Victor Harbor

Travel  
By own arrangements

Uniform  
College Sports and hat

Student Requirements  
Recess, lunch and drinks

Cost  
\$10.00

Supervising Teachers  
Mark Tenny  
mtenny@investigator.sa.edu.au  
Peter Daish  
pdaish@investigator.sa.edu.au

Details  
Reply slip due: Friday 23 October

Date for Distribution: 19 October 2020

Dear Parents/Caregivers

Congratulations! Your student has been selected to represent Investigator College in the SAPSASA District Athletics Competition at the Victor Harbor R-7 School on **Wednesday 28 October**.

Students require recess, lunch and plenty to drink, and are to wear their **College Sports uniform and hat**.

Students are required to arrive by 9:30am. The carnival will commence at 10:00am and should conclude by 2:00pm. Please arrange transport to and from the venue for your student.

All selected students are invited to athletics training at the following times:

- Wednesday and Friday Week 2 at 8:00am
- Monday Week 3 at 8:00am
- Monday 26 October from 3:30 to 4:15pm
- Lunchtime training—please contact Mr Tenny to arrange this.

Please contact Mark Tenny on mtenny@investigator.sa.edu.au to confirm your student’s training times.

Please ensure your student can be collected from the College by 4:15pm if you have chosen after school training on Monday 26 October.

There is a participation cost of \$10.00 for this event. Please return payment with the reply slip below to the College by **Friday 23 October**.

Yours sincerely

**Lauren Travis**  
Head of Sport

**Please be aware that the College may need to amend, postpone or cancel this activity depending on any future COVID-19 developments.**

**Student:** ..... **Class:** .....

My student :       will attend the carnival       is unable to attend the carnival.

**Transport Arrangements:**     I will be driving my student.  
    My student will travel with: .....  
   Contact number: .....

I have returned the \$10.00 participation cost.    *Office use only: POS Code 207053*

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

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

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

**Name:** ..... **Signature:** .....

*Parent/Caregiver*

Year 4-7  
SAPSASA Athletics Competition  
Wednesday 28 October

Please return to the college by  
FRIDAY 23 OCTOBER