



SAPSASA District Swimming Carnival

Date

Wednesday 3 March

Time

9:30am - 2:15pm

Location

Strathalbyn Community Swimming Pool
Colman Terrace, Strathalbyn

Travel

By own arrangements

Uniform

College Sports and hat

Student Requirements

Recess, lunch, a drink and swimming gear

Cost

\$10.00

Organising Teachers

Craig Donley
cdonley@investigator.sa.edu.au

Details

Reply due: **FRIDAY 26 FEBRUARY**

Investigator College: (08) 8551 0900

Date for Distribution: 17 February 2021

Dear Parents/Caregivers

Congratulations! Your student has been successful in gaining a place in the Investigator College SAPSASA Swimming Team. The team will compete in the SAPSASA Southern Districts Swimming Carnival on Wednesday 3 March.

Participants are required to be at the Strathalbyn Community Swimming Pool by 9:30am. The day is expected to conclude at 2:15pm. Please make transport arrangements for your student.

Students are to wear their College Sports uniform including their hat and require recess, lunch, a drink and swimming gear (towel, bathers, goggles etc).

There is a cost of \$10.00 for participants and \$2.50 for spectators. Please return payment **FOR PARTICIPANTS ONLY** with the reply slip below by **FRIDAY 26 FEBRUARY**. If you are available to time and have a current Working With Children Check on file at the College, your assistance would be greatly appreciated. Please indicate on the reply slip if and when you are willing to help.

Please contact the College if you have any queries.

Yours sincerely

Craig Donley
College SAPSASA Swimming Coordinator

Nick Smith
Head of Junior School

Year 4-7 SAPSASA District Swimming Carnival
Wednesday 3 March

Student: **Class:**

I give permission for my student to participate in the SAPSASA District Swimming Carnival.

I have returned the **\$10.00** participation cost. *Office use only POS: 217016*

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

Credit Card Payment: Card No: / / Expiry: /

Transport Arrangements:

I will be driving my student My student will travel with:

Contact Number

I have a current Working With Children Check on file at the College and am able to help time from: 10:00am - 11:00am 11:00am - 12:00pm 12:00pm - 1:00pm

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

Name: **Signature:**
Parent/Caregiver

Please return to the College by
Friday 26 February