

Dear Parent/Guardian,

The Open Girls Soccer Competition (Shipard Shield) is being held over three Wednesday afternoons in August. The College has entered a team and have started training. This is a fantastic opportunity for the girls to build teamwork and movement skills and develop deeper relationships with each other and other schools. Games are played in 30 minute halves, with a 5 minute half time break. Girls will be expected to play at each of the three games. All games will be played at Rawlings Park in Lake Albert on Ground 5. The schedule is as follows:

Wednesday 9th August – 6:00pm WWCC vs MAHS

Wednesday 16th August – 6:00pm WWCC vs KCC

Wednesday 23rd August – 4:30pm WWCC vs TRAC

Girls will need to make their own way to and from the ground. They will need to wear their sports uniform, football boots or runners, shin guards with long socks and bring a water bottle, and asthma puffer if required. If you have any questions, please don't hesitate to contact me at the College.

Please complete and return the attached permission slip to the College office by Friday 28 July 2017.

Yours sincerely

Stephen Gilmour
Girls Soccer Coach

Catherine Clarke
Acting Deputy Principal

29 June 2017



ACTIVITY NOTICE / TAX INVOICE

ABN: 71 032 808 826

Activity Title:	Girls Soccer Competition - Opens		
Purpose:	Sporting Competition		
Class/Group:	Year 7-12 Girls	Venue/Destination:	Rawlings Park – Ground 5
Transport:	Make own way there		
Accommodation:	N/A		
Departure Date:	Wednesdays 9, 16, 23 August 2017	Departure/Start Time:	6:00pm and 4:30pm
Return Date:	Wednesdays 9, 16, 23 August 2017	Expected Return/Finish Time:	7:15pm and 5:15pm
WWCC Mobile Phone Number for Updated Return Details:	0467 863 344		
Total Cost:	\$0	Includes GST of:	\$0
Dress Code:	Sports uniform, soccer boots or runners, shin guards (long socks), water bottle		
Note Due:	Date: Friday 28 July 2017	Time: 9am	
Teacher in Charge:	Invoice Date:	Signature:	
Mr Gilmour	29 June 2017		

This is a valid TAX INVOICE when offer is accepted.
PLEASE SIGN THE SLIP BELOW, TEAR OFF & RETURN TO THE COLLEGE OFFICE.

PERMISSION	I DO/DO NOT give permission for my son/daughter _____ who is in Year _____ to participate in Open Girls Soccer Competition activity.	
	I am aware of the arrangements made for this activity. I acknowledge refunds are made in special circumstances and are credited to our Tuition Fee Account. Medical Authority held by the College remains current OR I will provide an updated Medical Authority prior to the activity. (delete as appropriate) To the best of my knowledge, he/she has no medical condition, physical disability or injury which puts him/her at risk in participating in these activities.	
	Parent's Name, Signature & Date _____ / /	
	Amount Enclosed \$NIL (Cash/Cheque/Credit Card)	4040 -

PAYMENT	Name on Credit Card _____ Signature _____	
	Credit Card No. (Visa or Mastercard only) _____ Expiry Date ____/____	
	PERMISSION NOTE DUE: Friday 28 July 2017	