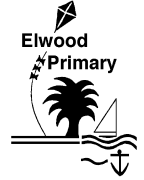


May 2017

Balaclava District Cross Country– Tuesday 23rd May



Dear Parent/Guardian

Your child has successfully qualified to represent Elwood Primary School at the **Balaclava District Cross Country on Tuesday 23rd May**. In the case of bad weather, the backup day will be Thursday 25th May. The students will travel by bus to **Dendy Park, Dendy St, Brighton**.

The first 8 students in each District race will then progress through to **Division Cross Country which will be held on Tuesday 30th May**.

The students will need to wear their school uniform including shorts, blue T-shirt, Jumper and sensible running shoes. If they wish to wear running pants or shorts this will be fine. Please make sure they have warm clothes for the times when they are not racing. The students will also need to bring a packed lunch and snacks with them, as well as plenty of water. **No lunch orders on this day please.**

A payment of **\$10:00 to be made via QKR** to cover the bus, is required no later than **Friday 19th May please. If you don't have QKR, please pay at the office.**

Please return the permission slip to the school office.

The events will take place in the following order:

Time	Event
10.45 – 11:00	10 Years Girls 2km
11:00 – 11:15	10 years Boys 2km
11:15 – 11:35	11 Years Girls 3km
11:35– 11:55	11 Years Boys 3km
11:55– 12:15	12/13 Years Girls 3km
12:15 – 12:35	12/13 years Boys 3km
12:35– 1:00	Presentations and clean up

I encourage all students to attend running club on Friday Mornings from 8:00am-8:45am on the sports turf, as well as doing some of their own training before the event.

Kind Regards,

Sam Casey

Jay Tucker

PE & Sport Co-ordinator

Assistant Principal

ELWOOD PRIMARY SCHOOL

Balaclava District Cross Country - Tuesday 23rd May 2017

I give permission forfrom Grade.....
to attend the Balaclava District Cross Country on Tuesday 23rd May.

In the event of bad weather I also give consent for the back-up day on Thursday 25th May.

I authorise the teacher in charge of my child to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardians Name: _____ Signature: _____ Date: _____

Contact Phone Number: _____ I have paid via **QKR** (please circle) Yes / No

My child carries their own Puffer/Medication: _____ (specify)