DATE: Friday 10\textsuperscript{th} February 2017

MARSHALL: 9.45am at school to board buses.
10.15am start at pool
Leaving pool around 2.15 pm for return to school.

VENUE: Ballina Pool

COST: Cost per student is:

$12 (this includes bus fare and entry to the pool).
$8 (this is for bus only if children have a season pass to BALLINA pool)

If you have a current season pass for Ballina pool, you must include a photocopy of it with your permission note.

ALL children are expected to travel by bus to the pool. (But can be taken home by parents once signed out at the recorders desk) This enables accurate numbers to be kept and wrists bands to be provided before we go to the pool.

FOOD: Advisable that children bring own food and drinks.
Some food will be available from Pool Canteen. Children are not to buy soft drink or any products containing nuts.

WHAT TO BRING: 
Food and drinks (water)
Hat and sunscreen/zinc/towel
Small amount of money

WHAT NOT TO BRING: 
Crepe paper/streamers
Cameras
Electronic games

POOL BOOKING: The Pool is booked for this event for COMPETITORS ONLY. Only students whose parents have nominated they can swim 50 metres unaided will be permitted to compete.
Due to Departmental guidelines and availability of supervision no other person is permitted to swim in the pool. Spectators (students and parents) are welcome, however entry to the pool is also $3.50.

Regards

Ginny Latta
Principal

Integrity-Co-operation-Acceptance-Respect-Excellence
PARENTS TO FILL OUT NOTE PLEASE- YEAR 2- 7 YEAR OLD CHILDREN

I give my informed consent for my child to participate as a spectator only at the Teven-Tintenbar Public School Swimming Carnival at Ballina Pool on Friday 10th February 2017. I have enclosed:

☐ $12 (this includes bus fare and entry to the pool).
☐ $8 (this is for bus only as my child has a season pass to BALLINA pool. A photocopy is attached.

Child’s Name: ___________________________  Class: ___________________________

 My child turns 7 in 2017 and will be attending this swimming carnival as a SPECTATOR ONLY.

…………………………………………………

Signed parent / care giver

We always need helpers at our swimming carnival. If you can spare some time, please list your name and number below. Mrs Latta will be in contact with you before the carnival.

My name __________________________ my telephone number ______________________

COMPLETED PERMISSION NOTE MUST BE RETURNED BY TUESDAY 7th FEBRUARY 2017.
NOTES RETURNED THE DAY OF THE CARNIVAL WILL MEAN YOUR CHILD WILL BE ATTENDING AS A SPECTATOR ONLY.

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