30 January 2017

ANNUAL SWIMMING CARNIVAL
FRIDAY 3rd FEBRUARY 2017

Dear Parents/Guardians,

As in previous years the school will begin its sporting year with the swimming carnival which will be held at the Wingham Pool on Friday 3 February 2017 commencing at 9.30am.

- All students from 3-6 and Yr 2 students who are 8 or turning 8 this year are eligible to attend.
- We will be endeavouring to complete the competitive section of the carnival as quickly as possible. At the conclusion of the competitive section we will then commence the novelties phase.
- Those children who meet qualifying times will progress to the Manning Zone Carnival which will be held on Wednesday 22 February at Taree Aquatic Centre.
- The cost of the Wingham Brush Swimming Carnival will be pool entry of $3.10. Season tickets will be accepted. (This money should be brought on the day of the carnival).
- Wingham Brush will require the assistance of parents on the day to help with time keeping and other duties. If you could assist on the day this would be greatly appreciated.
- Lunch orders may be made as usual from the school canteen. These will be delivered to the pool at lunch time.
- Would you please ensure that your child is protected from the harmful rays of the sun with clothing and sunscreen and has adequate drinking fluid to prevent dehydration.
- We encourage the children to wear their house colours - Rosellas (green), Finches (red), Kingfishers (blue), Honeyeaters (yellow).
- The P&C will be holding a BBQ on the day, $2 for a sausage sandwich. Students will be able to purchase drinks/poppers from the BBQ stall.
- Please complete the permission note and return to the class teacher by Wednesday 1 February, 2017.

Liz Newman
Carnival Convener

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WBPS Swimming Carnival - Permission Note

I hereby give permission for my son/daughter ________________________ of class_________ to walk to Wingham Pool for the WBPS Annual Swimming Carnival on Friday 3 February 2017 departing at 9.15am and returning by 3.10pm. This activity has the approval of the principal.

Signature of Parent/Guardian _______________________________ Date _____________

My child has the following medical requirements: ________________________________