Headteacher

John Galvin

Petworth CofE Primary School

South Grove, Petworth, West Sussex, GU28 0EE

Tel: 01798 342369 **Fax:** 01798 343195

E-mail: offfice@petworth.w-sussex.sch.uk **Website:** www.petworth.w-sussex.sch.uk

13th September 2019

Dear Parents/Carers,

Year 3/4 Football Tournament at Watersfield Football Club

Your child has been selected to take part in a Football Tournament on the afternoon of **Wednesday 25**th **September** at **Watersfield Football Club**.

The team selection for this tournament is:-

Shay Murray Harry Soame
Archie Ashton-Smith Sebastian Durrant
Charlie Dempsey Ferne Dallyn
Jack Lee Eve Atkins
Imogen Collins Jacob Bushby
Millie Tilson Harry Ashton-Smith

Connie Briggs Rio Smart

Your child will need to bring:

- Football kit will be supplied by the school.
- Football boots.
- Two bottles of water for during the afternoon.
- Appropriate clothing for the day (wet weather gear).
- Shin pads are essential as children will be wearing studs.

We will be travelling to and from Watersfield on the school minibus and we should be back at school by the end of the school day.

Please complete the attached consent form and reply slip, return it to the office by <u>Tuesday 20th</u> September 2019.

We are looking forward to an exciting afternoon of sport.

Thank you.

Yours sincerely,

John Galvin Headteacher

PETWORTH COFE PRIMARY SCHOOL YEAR 3/4 FOOTBALL TOURNAMENT ON WEDNESDAY 25TH JUNE 2019

I wish my son	/daughter		(name)
to be allowed	to take part in the	e above mentioned schoot rt in any or all of the acti	ol visit and having read the information ivities mentioned.
	•		rtant for his/her safety and for the safety the staff in charge are obeyed.
care of the ch	nildren, unless the	y are negligent they ca	narge of the party will take all reasonable annot be held responsible for any loss, ring or out of the journey.
(Note: A Scho Sussex County	•	nce Policy of Chartis Insu	urance UK Ltd is available through West
I give permissi	on for my child to	travel on the school min	nibus.
Please delete	and complete the	following as is appropr	riate.
My child has:	the following illi	y or physical disability ness or physical disability at which does not apply	* y *
which necessit	ates the following	medical treatment:	
I consent to an	y emergency medi	cal treatment necessary of	during the course of the event.
Signed			Parent/Guardian
Address	HOME		WORK
Tel. No.	НОМЕ		WORK
If not available	e at the above, plea	ase state an alternative co	ontact:
Name			Tel. No