



Dear Parents/Guardians,

Inter Cricket Competition- Beddington Cricket Club- 20/6/22

Trip Details: Your daughter has been selected to represent CHSG the Year 9 and 10 Inter Cricket competition. Your daughter will be competing against all the other schools' in the Borough and will develop teamwork skills.

We will leave school at 10.30am by coach to start at 11am and the competition will finish at 2pm and students will return back to CHSG by coach.

Travel: Coach

Cost: Free to participate

Requirements: Consent form

Behaviour Expectations Your daughter's place on this trip is subject to satisfactory behaviour, attendance and conduct within school and this will be constantly monitored before the trip. If your daughter's attendance or behaviour is deemed to be unsatisfactory, she will not be allowed to participate.

Whilst on the visit please emphasise to your daughter that she will be required to follow the instructions and advice of the Party Leader and other accompanying adults.

Please fill in the permission slip if you allow your daughter to attend the trip. If you wish to discuss the trip further please do not hesitate to contact me at rgolightly@carshaltongirls.org.uk

Thank you for your continuing support of the PE and Dance department.

School Emergency Contact Number : If you need to get in touch with the trip leader please contact the school trip mobile on **07925655100**

Yours sincerely

Miss R Golightly
Head of Year 7/PE teacher



Please Return Reply Slip To: Miss Golightly

Please return by 17/6/22

Inter Cricket Competition- 20/6/22

Student's Name: ----- Tutor Group: -----

- I would like my daughter to participate in the above visit.
- I acknowledge that I have already signed and returned a Generic School Consent Form to allow my daughter to participate in the visit.
- I am aware that my daughter will need a packed lunch and drinks on the day.
- My daughter is eligible for free school meals, a packed lunch will be provided from the canteen on the day.

Students Mobile Number.....

Medical Information: Please provide details of any conditions requiring medical treatment including any medication.....

Emergency Name

Emergency Contact number:

Signed: -----(Parent/Guardian) - Date: -----

