CASINO CHRISTIAN SCHOOL

*Honour Christ, build community and 'grow in grace and knowledge'*
*2 Peter 3:18*

Phone 02 6662 5599
Email admin@ccs.nsw.edu.au
Web www.ccs.nsw.edu.au
PO Box 30 Casino NSW 2470
93 Manifold Road North Casino
Office Hours
Mon - Fri 8.00am - 4.00pm
ABN 93 392 520 152

Monday 1 June, 2026

# 9 holes at Casino Golf Course (Senior SLR)

## Monday 22nd June 2026 (10.50am to 2.45pm)

**Dear Parents / Guardians,**

On **Monday 22nd June 2026**, the Senior SLR Class will be travelling to **Casino Golf Course** to play **nine (9) holes of golf** between **10:50am and 2:45pm**. This excursion is part of the unit *"Games and Sports Applications II."* The main aim is for students to develop knowledge, understanding and skills in a variety of individual sports and games. After the game of golf, students will have the opportunity to purchase something to eat at **McDonald's** before returning to Casino Christian School for the afternoon buses.

## Important Information

**Date:** Monday 22nd June 2026
**Departure Time:** 10:50am (leaving from Casino Christian School)
**Destination:** Casino Golf Club
**Cost:** $15 (includes game and club hire)
**What to Bring:**

- School hat and sunscreen
- Plastic water bottle, lunch and snacks
- Asthma puffer or other required medication
- BYO golf tees and golf balls (if available) - Tees can be purchased at the golf club (bag of 15 for $2). Golf balls may be borrowed from the school at $1 each if lost.
- Equipment for Period 1 & 2 (we leave towards the end of Period 2)

**Returning Time:** Approximately 2:45pm (returning to school for buses)

To participate in this excursion, please complete the permission note and return it **to the Office with $15** by **Wednesday 17th June 2026.**

**D. McPherson**
*Sport, Lifestyle & Recreation*

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**Monday 22nd June 2026 (10.50am to 2.45pm)**

I give permission for my child _____ to participate in the nine (9) holes of golf at Casino Golf Course from 10.50am to 2.45pm on **Monday 22nd June 2026.** I understand that my child needs to bring a school hat, water bottle, snacks and lunch plus any other extras on the front of this permission note.

Should any medical or hospital treatment be required for my child, I authorise the teacher in charge to take the appropriate action and any associated costs will be met by me. Special needs (e.g. medication and allergies) for the teachers to be aware of: -

_____

_____

_____

_____

**Signed: _____ (Parent/Guardian)**

**Print Name: _____** **Date: _____**

**PLEASE TURN THIS SHEET OVER TO SEE THE METHOD OF PAYMENT OPTIONS.**

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## METHOD OF PAYMENT OPTIONS: Nine (9) holes of Golf in Casino (SLR)

**STUDENT NAME:** _____

**COST**: $15 per student (**please pay by Wednesday 17th June, 2026** – this includes all Netbank payments).

**METHOD OF PAYMENT**: ☐ Cash ☐ Cheque ☐ Eftpos ☐ Netbank ☐ Credit Card

**DATE OF PAYMENT**: _____ **[THE DATE THE EXCURSION WILL BE PAID]**

**Online Payment (Netbank)**:

**Bank:** National Australia Bank
**BSB No:** 082 506
**Account Name:** Casino Christian School
**Account number:** 828017136

Please ensure that the reference has your **FAMILY CODE** & the **NAME** of the excursion.

**Credit Card Payment**:

Please Debit my (please circle): Visa Card MasterCard

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Expiry Date: _____ / _____ CVV: ___ ___ ___ For the amount of: _____

Cardholder's Name: _____ Signature: _____

D. McPherson