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

Wednesday 20th May 2026

Bill Turner Cup (u15 Boys)

Thursday 4th June, 2026 (11.00am Kick-off)

Dear Parents/Guardians,

Your child has been selected to represent the school in the **Bill Turner Cup**, a soccer knockout competition for boys aged 15 and under. Their ROUND 3 game is against Trinity Catholic School after they defeated Casino High School 5-3.

Match Details:

- **Date:** Thursday, 4th June 2026 (9.00am to 2.30pm)
- **Time:** Kick-off at 12.00 PM, finishing by approximately 1:30 PM
- **Venue:** Rovers Fields in East Lismore
- **Cost:** $15 per student (to cover cost of the bus and driver)

The U15 Boys will be required to leave early as they need to travel on the same bus as the U15 Girls who play a game in the the same location at 10.30am. Following both matches, we will stop at McDonald's on the way back to school for a bite to eat. We will retun to school by 2.30pm.

What to Bring:

- Wear your **sports uniform** to school.
- **School PE shorts** (dark blue).
- **Soccer boots** (no metal studs or screw-ins) and **shin pads**.
- **Water bottle** (at least 2 litres).
- **Lunch and snacks** (ensure a solid breakfast before leaving home).

The school will provide:

- Playing shirts, School football socks and Shin pads (if needed).
- A selection of second-hand boots for students who don't have their own.

Please read the details carefully, and if your child is available to participate, kindly complete the attached permission slip and return it with the **$15 payment** to the office by **Monday, 1st June 2026**.

Thank you for your support.

D. McPherson
Sports Coordinator

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I give permission for my child _____ to participate in the Bill Turner Cup to play soccer against Trinity Catholic School School on the Rovers Fields on Thursday 4th June, 2026.

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: _____

D. McPherson
Sports Coordinator

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

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METHOD OF PAYMENT OPTIONS: BILL TURNER CUP (U15 BOYS)

STUDENT NAME: _____

COST: $15 payment per student (please pay by Monday 1st June, 2026).

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

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

Cardholder's Name: _____ Signature: _____

D. McPherson
Sports Coordinator