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 6th May 2026

Bill Turner Trophy (u15 Girls)

Thursday 21st May, 2026 (11.00am Kick-off)

Dear Parents/Guardians,

Your child has been selected to represent the school in the **Bill Turner Trophy**, a soccer knockout competition for girls aged 15 and under. Their ROUND 3 game is against Trinity Catholic School after they defeated Kyogle High School 2-1 in golden goal extra time.

Match Details:

- **Date:** Thursday, 21st May 2026
- **Time:** Kick-off at 11.00 AM, finishing by approximately 1:30 PM
- **Venue:** Rovers Fields in East Lismore
- **Cost:** $15 per student (to cover cost of the bus and driver)

Students will be released from class half-way through **Period 1**(9.30am) to allow time to get on the bus and travel to the game.

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.
- 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, 18th May 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 Trophy to play soccer against Trinity Catholic School School on the Rovers Fields on Thursday 21st May, 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 TROPHY (U15 GIRLS)

STUDENT NAME: _____

COST: $15 payment per student (please pay by Thursday 21st May, 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