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 Trophy (u15 Girls)

## Thursday 4th June, 2026 (10.30am Kick-off)

Dear Parents/Guardians,

This is to inform you that the Bill Turner Trophy Round 3 game between our U15 Girls team and Trinity Catholic School has been postponed until Thursday 4th June at 10:30am. ***If your child has already returned their original permission note and paid the $15 fee, there is no need to submit another note or make any additional payment for this game.*** Thank you for your understanding and support. Please read the information below very carefully. Thank you

## Match Details:

- **Date:** Thursday, 4th June 2026
- **Time:** Kick-off at 10.30 AM, finishing by approximately 11:45 AM
- **Venue:** Rovers Fields in East Lismore
- **Cost:** $15 per student (to cover cost of the bus and driver)

Students will leave school at 9:00am and are expected to return by approximately 2:30pm, as the U15 Boys team will also be playing their match against Trinity Catholic School at 12:00pm. Following both matches, we will stop at McDonald's on the way back to school for a bite to eat.

## 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).
- **Money for a snack at McDonalds.**

## 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, 1st June 2026**.

**Please note:** only return the permission note and payment if you have not already done so from the previous note.

**D. McPherson**
Sports Coordinator

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Wednesday 20th May 2026

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

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 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 TROPHY (U15 GIRLS)

**STUDENT NAME:** _____

**COST:** $15 payment per student (please pay by Monday 1st June, 2026 – ***if you haven't paid***).

**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**
Sports Coordinator