

14<sup>th</sup> March 2025

## Interschool Cricket Carnival 2025

Dear Parents,

Your child has been selected to participate in a WACA organised T-20 Blast Cricket carnival to be held on **Friday 4<sup>th</sup> April** at Karoonda Reserve. We will be travelling by bus to the carnival and will be leaving school at **8.50am** for a 9:30am start.

**WHERE:** Karoonda Reserve, Karoonda Rd Booragoon

**WHEN:** Friday 4<sup>th</sup> April 2025 9am – 2.30 pm.

**COST:** \$7 for competitors (covers transport costs).

We will be competing against a number of local schools in the fun-filled atmosphere of a T-20 Blast cricket carnival. Students are required to come prepared with plenty of water and food to last the full day. Students will have access to a water fountain for refilling water bottles. A school hat, non-faction school uniform, suitable footwear, and sun protection are mandatory. Students will be required to bring school bags containing a packed recess and lunch for the day.

**Please return the permission slip by Monday 24<sup>th</sup> March. We would love to see families come along to attend this event and to support the kids. We are also looking for parent volunteers to assist with supervision/coaching duties so if you are interested, please indicate on the return slip below.**

Kind regards  
Craig Fritchley  
Physical Education Teacher  
[Craig.Fritchley@education.wa.edu.au](mailto:Craig.Fritchley@education.wa.edu.au)

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### T-20 BLAST CRICKET CARNIVAL

I consent to \_\_\_\_\_ Room # \_\_\_\_\_ participating in an excursion to Karoonda Reserve on Friday 4<sup>th</sup> April 2025 for the T-20 BLAST Cricket Carnival.

**I am/am not willing to volunteer for coaching/supervision duties for this event.**

(Please circle)

**Name:** \_\_\_\_\_ **Contact No.** \_\_\_\_\_

I give permission for my son/daughter to receive medical treatment in case of emergency.  
I have enclosed \$7.00 as payment.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signed.....(Parent/guardian)

Date.....

**ATTADALE PRIMARY SCHOOL – PAYMENT SLIP**

Student: \_\_\_\_\_ Room # \_\_\_\_\_

Name of event: \_\_\_\_\_ Permission Slip attached:

Payment Amount: \$ \_\_\_\_\_ Payment Method: *Please circle*

Cash / Cheque / Credit Card / Bank Transfer/ Upfront Payment (Deduct from Account)

C/C# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Attadale PS: BSB 066 163 Account 0090 3316** Transfer receipt #: \_\_\_\_\_  
(Please use name as reference)