



INform

2/9/08

<http://www.swag.org.au>

Fathers Day Ten Pin Bowling Challenge Night 2008

Dear Parents,

Division One/Two is planning a Fathers Day Ten Pin Bowling Challenge Night at Southgate AMF, Sylvania on **Tuesday 9th September, 2008**. The evening will involve a night of competition bowling between teams made up of Father and Son combinations playing for the glory of champion bowler. There will be prizes for the highest game score for a Division 1 and Division 2 Father and Son combination. So if you have forgotten to get something for dad for fathers day than this may be a good opportunity to do so. If your dad is unable to come then don't worry, we will try and pair you up with a leader so you have the same opportunity as the other boys to win a prize for your dad.

We will be meeting at either Penshurst hall if you need a lift at 6.20 pm to leave at **6.30 pm sharp** or you can meet us with your dad at Southgate AMF bowling centre (located at **27 Port Hacking Rd, Sylvania, NSW 2224**) at 6.45 pm for a 7.00 pm start. We are booked in from 7.00 pm to 8.30 pm and it will take us all that time to play 2 games so it is important that we start on time. We will return to Penshurst hall by **9.00 pm**.

Cost \$15.00 per person (includes 2 games, 2 tokens and shoe hire)

What to bring Wear suitable clothes for bowling in (swag uniform is not required)
Wear your Swag baseball cap so we can all be identified as one group
A drink and something to snack on (if you want)

Please complete the permission slip and bring it with you to Swag by Tuesday 9th September, 2008. Look forward to a great night of being bowled over.

From
the SWAG leadership team
your servants in Christ

Permission Slip

I give my permission for _____ to attend the Fathers Day Ten Pin Bowling Night Challenge at Southgate AMF, Sylvania with SWAG on Tuesday 9th September, 2008.

Please indicate how many people (# _____) are coming and if transportation is required (yes / no)

I understand that, no responsibility can be taken by Swag or it's leaders, as outlined in the "Form of Indemnity" I signed on my son's Membership Form.

I agree to the procedures as set out in the SWAG form of indemnity.

Signed _____ Date _____

Medicare No. _____ Contact Phone No. _____