



INform

19/2/07

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

Swag 2007 Bik-a-thon

Dear Parents,

On Tuesday the **6th of March 2007**, Swag will be holding its bik-a-thon, our first since 2003.

What is a Bik-a-thon then you may ask? A Bik-a-thon is where the boys ask friends, family and anyone else (except Swag leaders) who would like to sponsor them in raising funds for Swag by riding their bikes around a bike track to complete as many laps as they can in a given amount of time. The boys can be given money per lap or a fixed amount for completing a certain number of laps as laid out in the sponsorship form that was handed out first week back at Swag.

This year we will be putting our funds raise towards buying some new equipment (possibly a gym mat) for Swag. As with previous years we will be having prizes but they will be in the form of jumbucks this time which means everyone has a chance to get some points to put towards buying something on the jumbuck store at the end of term 2. Each boy will be given a jumbuck for each dollar he raises as well as each lap he rides (up to a maximum of 30 laps for division 1 and 40 laps for division 2).

The location of this event will be at **Moore Reserve, Oatley**, off Moreshead Drive and will commence at **4.30pm** followed by a sausage sizzle for the boys and their families and ending at around **8.00pm**. If it is raining the event will be postponed to a date yet to be decided and the boys will meet at Peshurst Hall as normal.

What to Bring

- Bike (in working order)
- Helmet
- Water Bottle

Look forward to seeing you all there.

From
the SWAG leadership
your servants in Christ

N.B. Swag Uniform is not required for this activity. Also do not worry about bringing any of your sponsorship money till the following week at Swag.

Permission Slip

I give my permission for _____ to attend the 2007 Bik-a-thon with SWAG on Tuesday the 6th of March 2007.

Please indicate the number of people who will be there for dinner _____

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

Signed _____ Date _____

Medicare No. _____

Contact Phone _____