



INform

7/6/11

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

Railway Museum Visit - Family Day 2011

Dear Parents,

Division One/Two is planning a visit to the Trainsworks Railway Museum at Thirlmere, on **Saturday 18th June, 2011**. In following in the spirit Mr Phillips and his visit to us 2 weeks ago with his miniature steam engines we have decided to up the anti and go full scale. This activity is open to all members of the family and may be a good one to bring the grandparents along too as well, to relive days of old.

We will be meeting at Trainsworks (**10 Barbour Road**, Thirlmere, NSW 2572) which is approximately 85 km south west of Sydney, about an hours drive at **11.30 am**. We will be having a BBQ lunch in the picnic area at around **12.00 pm**. After lunch we will do a general highlights tour before exploring the museum and its activities for ourselves and then returning to the picnic area for afternoon tea. We will be finish by approximately **3.00 pm**.

Go to www.trainworks.com.au/visit for visitor information including map for directions on getting there.

Cost \$12.00 per person for museum entry (children under 5 free)
 \$3.00 per person for lunch

What to bring Something to share for afternoon tea
 Swag cap so we can be identified as one group
 Warm clothes and a raincoat depending on the weather as some exhibits are outdoors

Please complete the permission slip and bring it along to Swag by **Tuesday 14th June, 2011**. Bring your money on the day. Look forward to a great day of chugging around with all of your family.

From
the SWAG leadership team
your servants in Christ

Permission Slip

I give my permission for _____ to attend the Trainworks Railway Museum Visit at Thirlmere, with SWAG on Saturday 18th June, 2011.

Please indicate how many people are coming for lunch (# _____)

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. _____