WESTERN SYDNEY WANDERERS SCHOOL FOOTBALL PROGRAM 2017

Dear Parents/Carers,

The Western Sydney Wanderers School Football Program will run again this year at Metella Road Public School. The objective of this program is to provide an opportunity for your child to develop football and fundamental skills, and to develop football players of the future. This program is run by fully qualified coaches provided by the Western Sydney Wanderers.

For Term 1 the program will be open to students from Year 2 to Year 6 and will run after school on Monday afternoons from 3:15pm to 4:15pm. The program for Term 1 will commence on 20 February and run for 7 weeks. Participating students will need to bring sports clothes/shoes to change into after school and then will meet their coaches on the back field. Parents will pick up their child from the back field at 4:15pm.

The cost for Term 1 will be $35.00 (7 weeks) and full payment is required to participate. Payment is only required for Term 1 at this stage.

Permission notes to indicate that your child will be participating in the program are due by Monday, 13 February. Payment is due before commencing the program.

If you have any questions regarding this program please contact Mrs Parker.

Mrs N. Parker
Relieving Deputy Principal

Mr P. D’Ermilio
Principal
I give my child _____________________________________________ of class ____________ permission to participate in the Western Sydney Wanderers/Metella Road Public School Football Program in Term 1, 2017. I understand the cost involved and have made a payment to secure my child’s place in the program.

☐ $35.00 Term 1 only

Parent/Carer’s name: __________________________________________________________ (Please Print)

Parent/Carer’s signature: _____________________________________ Date: ___________

POP – Parent Online Payments

☐ I have made an online payment. My receipt number is ________________ Date __________

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METELLA ROAD PUBLIC SCHOOL CREDIT CARD PAYMENT SLIP ONLY

NAME | CLASS | PAYMENT FOR: | AMT PAID
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NAME (as on Credit Card) _______________________________ EXPIRY DATE: __________

CREDIT CARD NO: _______ TOTAL AMOUNT PAID: $___________

SIGNATURE ______________________ CONTACT PHONE NUMBER: _______________

Method of Payment (Please Tick)
☐ VISA   ☐ MASTERCARD

***please note: MINIMUM CREDIT CARD PAYMENTS $20***