

Dear Parents.

It is time to start planning for our Opera House Endeavour Concert on 24 September to 25 September, 2018.

We have booked apartments at The Hyde Park Plaza Hotel and a Murray's bus to transport

MONDAY 24th

7.45 am Murray's Mini Bus leaves Jerrabomberra Public School (We cannot check in to our hotel until after rehearsal, but we can drop in to drop off our bags.)

- 11.30am Lunch outside Opera house
- 12.00pm Sydney Opera House Rehearsal
- 3.30pm Bus takes us to our hotel.
- 3.45pm Check in
- 5.15pm Dinner
- 6.15pm Bus to Opera House
- 6.30pm Arrive at Opera House and be seated
- 7.00pm Concert Commences
- 9.30pm Return to Hotel by bus
- 10.30pm LIGHTS OUT

TUESDAY 25th

- 8.00am Breakfast/ Showers
- 10.00am Depart for Jerrabomberra PS
- 1.30pm Arrive at Jerrabomberra PS Lunch

WHAT TO BRING

- Wear your T-shirt and black pants/skirt on the bus. The T-shirt is your entry pass for the Opera House
- Lunch/drinks/snacks for Monday
- Money for dinner Monday night (about \$20)
- PJs and essentials plus toiletries
- Clean clothes for Tuesday

Breakfast will be provided on Tuesday morning in our apartment.

The cost for bus travel and accommodation is \$150.00

Please return the attached permission note with payment as soon as you can.

Kind Regards,

Alison Penney 10/08/2018

CHOIR - SYDNEY OPERA HOUSE

	XCURSION PERMISS	ION NOTE
I give permission for my child the excursion to The Sydney C Tuesday 25 September 2018.	Opera House on Monda	of Class to attend ay 24 September 2018 returning on
I understand travel will be by b 7:45am returning to Jerrabom		erra Public School on Monday 24 at Tuesday 25 at 1:30pm.
Accommodation will be at The	Hyde Park Plaza Hote	I.
Cost: \$150.00		
☐ I have enclosed payment of	of Cash/Cheque	e OR
☐ I have paid online the amo	unt of \$R	eceipt number
Date paid://2017		
Go to school website: www.je	rra-p.schools.nsw.edu.a	au and select '\$ Make a payment'
Online payment details		
In 'Payment Options' please s	select: Excursion	
In 'Payment Description' please insert: Sydney Opera House		
Parent/carer name: Emergency Contact No: Signed:		
- Address of the second	MEDICAL INFORM	IATION
The following medical informa	ation is important to you	ır child's safety and wellbeing.
☐ Any allergic condition	☐ Asthma	☐ Diabetes
☐ ADD/ADHD	☐ Epilepsy	
Other		
		cursion and times that such must be
Signed:		Date: