



Chiu Sheung School, Hong Kong  
79B Pok Fu Lam Road, Hong Kong  
Tel : 2546-1644 Fax : 2517-2483  
Website : www.csshk.edu.hk

3<sup>rd</sup> January, 2022

Dear Parents/Guardians,

Table Tennis School Team Training Program 2021-2022 No.107B  
(To: Team members)

In order to raise students' confidence and their interest on sports, our school will participate in the Inter-Primary Schools Table Tennis Competition (Hong Kong Island West Area) next year. Your child is chosen to join the competition. A training program is set and details are as follows:

Date :	17/2/2022	24/2/2022	3/3/2022	10/3/2022	17/3/2022
	24/3/2022	31/3/2022	7/4/2022	28/4/2022	5/5/2022
	12/5/2022	19/5/2022	26/5/2022		

Time : Thursday 12:20p.m.-1:20p.m. \*No school bus service for half day school

Venue : School activity room

Coach : Mr. Kwan Ka Shing and his team

Teacher in charge : Mr. Toby To

Training Fee : \$1040 (\$80 per session, 13 sessions in total)

Payment by eClass or cheque.

Cheque should be made payable to "The IMC of Chiu Sheung School, Hong Kong.

Payment date : 21-28 January 2022 (Parents will be notified in due course)

Clothing : Sports uniform

Important Note : The training will be cancelled if Typhoon No. 8 or above, Red/Black Rainstorm signal is hoisted within two hours from the training starting time, or the Education Bureau advises primary schools in the whole territory or individual districts to suspend classes. All classes will normally be held as scheduled when Typhoon Signal No. 3 or below is hoisted or when Amber Rainstorm Signal is in force.

Please return the reply slip and the fee to the teacher in charge on or before 5<sup>th</sup> January, 2022.

Mr. Chim Hon Ming  
Principal, CSSHK

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To: CSSHK Class No:( )

Reply slip for Notice on Table Tennis School Team Training Program 2021-2022 No.107B

I acknowledge receipt of the notice on Table Tennis Training Program, and I

- ☐ agree my son/daughter to participate in the program and certify that he/she is in good health.  
And he/she will ☐ return home on his/her own. ☐ be picked up by parent.
- ☐ do not agree my son/daughter to participate in the program.

Name of student: \_\_\_\_\_  
Class: \_\_\_\_\_

Name of parent: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_

Please tick the appropriate box.

05-01-2022 To