

Chiu Sheung School, Hong Kong 79B Pok Fu Lam Road, Hong Kong Tel: 2546-1644 Fax: 2517-2483

Website: www.csshk.edu.hk

19th December, 2022

Dear Parents/Guardians,

Boy's Football School Team Training Program 2022-2023 No.e134B

(To: Team members)

As part of the preparation for students in the Inter-Primary Schools Football Competition next year, in order to have more outstanding performance, a training program is set and details are as follows:

Date : 25/3 1/4

 25/2/2023
 4/3/2023
 11/3/2023
 18/3/2023
 25/3/2023

 1/4/2023
 22/4/2023
 29/4/2023
 6/5/2023
 13/5/2023

Training Time on Saturday
Training Venue on Saturday

12:00 noon to 1:00 p.m.

Forbes Street Temporary Playground (football field) \$720

Fee :

Please tick the appropriate box.

21.12.2022 Raphael

Payment can be made by cheque or eClass payment system.

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

Teacher-in-charge

Mr. Leung

Clothing Remarks Sports uniform (summer sports uniform)

- 1. Students need to bring their own bag, crew socks, football shoes, drinking water and towel.
- 2. Students need to arrive at the football field 15 minutes prior to the practice.
- 3. The school will take appropriate anti-epidemic measures during sports activities according to the recommendations of the Centre for Health Protection. Students are not required to wear masks during moderate or vigorous exercises such as basketball and football in outdoor venues. Students will be arranged to maintain a social distance of at least 1.5 meters.
- 4. If the training on Saturday is cancelled due to the unstable weather, parents will be informed through eClass App before 10:00 a.m.

Please acknowledge the receipt of the notice system. For further enquiries, please contact Mr. I	e before 21st December and pay by cheque on eClass payment Leung Mr. Chim Han Ming Principal, CSSHK
‰ To: CSSHK	Class No:()
I acknowledge receipt of the notice on Boy's Footb normal health condition. And I agree my son to participate in the program and Payment : Cheque (Pa child's clas	ayable to "The IMC of Chiu Sheung School, Hong Kong" with your ss, your child's name and your contact number at the back.) ment system y himself
☐ do not agree my son to participate in the prog	ram.
Name of student:	Name of parent:
Class:	Signature:

Contact Number: