



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



3rd October, 2023


Dear Parents/Guardians,

Notice on Cricket Class 2023-2024 No.0750B
(To: P.4-P.6)

In order to raise students' confidence and their interest in sports, we are organizing a cricket class starting from October 2023 till April 2024. The details are as follows:

	Briefing & Team building day	Training Phase I	Training Phase II
Date:	Introduction to cricket 14/10/2023(THUR) Time: 3:00p.m.-5:30p.m. Venue: Caritas Mok Cheung Sui Kun Community Centre (27 Pokfield Road, Kennedy Town) Team building day 10/12/2023(SUN) Time: 2:00p.m.-5:30p.m. Venue: Caritas Mok Cheung Sui Kun Community Centre (27 Pokfield Road, Kennedy Town)	Year 2023 Regular training 21/10, 28/10, 4/11, 11/11, 18/11, 2/12, 16/12 (Saturday) Year 2023 Additional training *27/12(WED), *28/12(THUR), *29/12(FRI) * School Holidays	Year 2024 Regular training 6/1, 13/1, 20/1, 27/1, 2/3, 9/3, 16/3, 23/3, 6/4, 13/4, 27/4(Saturday)
Time:	10:00a.m.-12:30p.m. (Regular training) 10:00a.m.-1:00p.m. (Additional training)		
Venue:	Kennedy Town Temporary Recreation Ground Football Pitch (Sai Ning Street)		
Teacher in charge:	Miss Sham		
Fee:	Free		
Uniform:	PE uniform		
Quota:	12 students *Priority admission to old members. *If the number of applicants is more than 12, a draw will be held.		
Remark:	1. For further queries or request of leaves, parents please call Caritas MCKCC Mr. Robert at 92000726 or 28168044 or Miss Bibi at 28168044. 2. Cricket class members will join the Cricket Tournament Day on 3 rd February 2024. Details will be announced by Caritas Mok Cheung Sui Kun Community Centre.		

Please return the reply slip to class teacher on 5th October 2023 (Wednesday).


Mr. Chim Hon Ming
Principal, CSSHK

✂
To: CSSHK

Class No: ()

Reply Slip for Notice on Cricket Class 2023-2024 No.075B

I acknowledge receipt of the notice on Cricket Class, and I

☐ agree my child to join the class and declare that he/she is healthy.

After the class,
my child will

- ☐ be picked up by parent.
☐ return home on his/her own.

☐ do not agree my child to join the class.

Name of student: _____

Name of parent: _____

Class: _____

Signature: _____

Contact Number: _____

Please tick the appropriate box.
05-10-2023 Sham