



# Holy Cross College, Ryde

## Office of the Principal

517 Victoria Road, Ryde NSW 2112

Phone: 9808 1033

[www.holycrosscollege.org](http://www.holycrosscollege.org)

2 May 2017

**RE:** Rob Galea Worship Concert

Dear Parents

Your son has been selected to participate in an exciting evangelisation opportunity marking six months out from the Australian Catholic Youth Festival 2017.

Rob Galea is an ordained Catholic Priest, renowned international songwriter and performer. He will be performing at Patrician Brothers' College Fairfield on the evening of Friday 16 June 2017. Fr Rob has been featured in national newspapers and magazines around Australia and was a contestant in Australia's 2015 The X Factor. He has recorded with several renowned artists including Guy Sebastian, Paulini and Gary Pinto. He has shared the stage with the likes of Matt Maher and Hillsong United.

**When:** Friday, 16 of June, 2017  
**Time:** 7:00 - 9:00pm (Bus will leave at 5:45pm)  
**Location:** Patrician Brothers' College Fairfield 268 The Horsley Dr, Fairfield NSW 2165  
**Travel:** A bus will be arranged to take students to and from the venue.  
**Cost:** \$20  
**Uniform:** Full College Winter Uniform

To allow your son to participate in this event please complete and sign the permission slip below and return it to the College by the due date.

Yours sincerely,

Stephanie Llave  
YOUTH MINISTRY COORDINATOR

Mr Michael Reid  
ASSISTANT PRINCIPAL

## Please return permission slip to MISS LLAVE by Friday 19 May 2017

I/We give permission for my/our son to attend the Rob Galea Worship Concert on Friday 16 June, 2017 at Patrician Brothers' College Fairfield. I understand he will travel in an arranged bus to and from the venue.

Parent's / Guardian's Signature: .....

Son's Name: ..... HCT Class: .....

### Contact Phone Numbers

| WORK | HOME | MOBILE | MEDICARE NUMBER<br>(for use at medical centres etc) |
|------|------|--------|---|
|      |      |        |   |
|      |      |        |   |

### Medical Register Information: OHS

*Please complete the following if necessary.*

Is there any physical / medical / emotional reason that could impact on your son's health/safety during the excursion (e.g.: serious asthma / injury):

Please State: \_\_\_\_\_

✂ .....

*I hereby authorise Holy Cross College*

to charge my Credit Account for the amount of \$20.00  
For Rob Galea Workshop at Patrician Brothers Fairfield

Card details:- (Please circle one)

Bankcard / Visa / Mastercard

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Cardholder's Name: ..... Expiry Date: .....

Signature: .....