# SOUTH SYDNEY JUNIOR RUGBY LEAGUE CLUB LTD

558A ANZAC PARADE, KINGSFORD 2032

## CHILDREN'S CHRISTMAS CONCERTS, 2010

Directors and Management invite your child/children to attend the Children's Christmas Concerts in the Auditorium. This year the parties will be held on:

**MONDAY DEC 20th: 10.30am or 1.30pm TUESDAY 21st: 10.30am or 1.30pm**

**1st Preference; .....**
**2nd Preference: .....**

**(Forms are processed in order of receipt at Membership Office)**

Tickets will be mailed to you and will indicate the day and time your child/children will attend the show. Only one adult is to accompany each family and a ticket for this purpose will be enclosed with the children's tickets. Children aged 10 years and under are eligible to attend and receive a gift, children over 10 years are welcome to attend but do not receive a gift. Please indicate below if you would like your 10 year old to attend and an Adult ticket will be enclosed for them.

ONLY TICKET HOLDERS WILL BE PERMITTED TO ENTER THE AUDITORIUM. WE ENDEAVOUR TO CATER TO ALL MEMBERS WITH REGARD TO TIMES ALLOCATED FOR SHOWS BUT, AS YOU WILL REALISE, DUE TO THE ENORMOUS NUMBERS OF FORMS TO BE PROCESSED, NOT EVERYBODY WILL BE SUCCESSFUL IN OBTAINING THEIR PREFERRED DATES. **PLEASE NOTE: THE DATE AND TIME ALLOCATED TO YOUR FAMILY WILL NOT BE CHANGED UNDER ANY CIRCUMSTANCES.**

Presents can only be collected when you are leaving the Club after the concert. **Under no circumstances will presents be issued to parents if children are NOT in attendance.**

Children eligible to attend the concert are sons and daughters of **Members** and **Associate Members, 10 years of age and under. GRANDPARENTS ARE NOT TO PUT IN FORMS FOR GRANDCHILDREN, IT IS UP TO THE PARENTS TO BE MEMBERS AND TO APPLY FOR THEIR CHILDREN.**

The form below must be filled out and returned to the membership office or posted to the above address, marked "Christmas Party Form" by **September 30th, 2010 APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DATE.**

GEOFF KNIGHT,
CHIEF EXECUTIVE OFFICER

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MEMBER'S NAME: _____ BADGE NO: _____

ADDRESS: _____

POST CODE: _____ TELEPHONE: (H) _____ (Mob) _____

PLEASE ENSURE THE FOLLOWING INFORMATION IS CORRECT
PLEASE PRINT USING BLOCK LETTERS

| CHILD'S CHRISTIAN NAME | SURNAME | MALE/FEMALE | AGE |
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