



Bacchus Marsh  
Grammar

Dear **Parents/Guardians**,

Your son has been selected to play in the **Victorian College Basketball Championships**.

A Year 11/12 team has been entered into the Victorian College Championships Tournament. This tournament will be held at Eagle Basketball Stadium, Werribee on **Thursday 4 May 2023**.

**Date:** **Thursday 4 May 2023**

**Time:** Students will be required to be at school for departure **no later than 8.30am** and will **return to school at 3:30pm** The late bus from BMG will be available should your child require this service.

**Location:** Eagles Stadium sports complex – 35 Ballan Road, Werribee

**Uniform:** Students are required to wear **correct school sports uniform** on the day. Basketball singlets will be handed out prior to leaving school and must be returned at the end of the day. Students need to bring their black school shorts or basketball shorts.

**Transport:** Students will be transported in the BMG Minivan  
Meeting at the venue is permitted. Parents may also collect their child from the venue at the conclusion of the day (no later than 2.30pm). Should the timing of the day change, you will receive further communication.

**Food:** Canteen facilities are available however, students are encouraged to bring their own snacks, lunch and water bottle.

This is a whole day event with the opportunity to play against some high quality schools. The top 2 schools from the day will progress through to the Championship Finals Series to be held at the State Basketball Centre on Wednesday 31 May 2023.

Please complete the consent form no later than **Tuesday 2 May 2023**.

Yours sincerely,

Debra Ogston  
**Deputy Principal**

Kevin Richardson  
**Senior Deputy Principal**



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**2023 Victorian Basketball College Championship**

I hereby give permission for my child \_\_\_\_\_ of Year \_\_\_\_\_ to participate in the Victorian College Championships to be held at Eagle Stadium in Werribee.

My child will: (please tick)

- ☐ Meet at school in the morning
- ☐ Meet at the venue in the morning
- ☐ Return to school on the bus and be collected
- ☐ Be collected at the venue
- ☐ In the event of illness or accident, and where it is impractical to communicate with me, I authorise my child's receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the consent form no later than **Tuesday 2 May 2023.**