



ADDRESS | 45 Knighton Road, Hamilton, 3216

PHONE | (07) 856 5399

WEBSITE | [www.kns.ac.nz](http://www.kns.ac.nz)

PRINCIPAL | Andrew Campbell PGDip. Org. Behaviour, B.Ed., Dip.T.

Wednesday, 7th June, 2023

## Junior Tough Guy and Gal Challenge - PERMISSION AND PAYMENT NOTICE

**This is a very popular event and is open to the first 100 Year 5 or 6 students who pay and register.**

**Where:** Ngaruawahia Christian Camp on **Wednesday, 21st June.**

**What:** 3km off-road fun event where children can run an obstacle course through the mud.

**Wear:** Old clothes or even costumes. *It is important that children are able to change themselves without assistance after their shower following the event.*

**Cost:** \$35 per student. Transport to and from the event is by bus.

**Payments :**

- ◆ [mykindo](#) online shop will be open from 8:00am, Thursday 8th June
- ◆ Complete the slip below and pay by EFTPOS at the school office from 8:00am, Thursday 8th
- ◆ Place cash in an old envelope with the completed slip and return it to the Frog Box at the Smiley Face Window. This will be checked regularly from 8:00am on Thursday morning

**There is a limited number of students that we can take and registrations will close once all places are filled. In the past, this event has sold out on the first day of registrations. Unfortunately we cannot accept registration forms without payment or hold places for late registrations. There are no refunds once your registration is accepted.**

If you have any questions or queries, feel free to contact David Hannah at the contact details below.

David Hannah | [dhannah@kns.ac.nz](mailto:dhannah@kns.ac.nz)

### **Junior Tough Guy and Gal Challenge Permission**

If you pay through Kindo, you do not need to return this slip.

**PLEASE PRINT CLEARLY and deliver to the Frog Box at the Smiley Window**

I give permission for my child \_\_\_\_\_ Rm \_\_\_\_\_  
to travel by bus and participate in the Junior Tough Guy and Gal Challenge at Ngaruawahia Christian Camp on  
Wednesday, 21st June.

\$35 enclosed/paid by EFTPOS

Name of parent/caregiver: \_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_

Parent/caregiver contact telephone: \_\_\_\_\_

Parent/caregiver email address: \_\_\_\_\_

Room Number	Year Level	Surname	First Name	DOB	Gender