



## ST GREGORY'S COLLEGE CAMPBELLTOWN

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100 Badgally Road, Gregory Hills 2557  
Telephone 02 4629 4222  
Facsimile 02 4628 1594  
ABN 42 940 977 322

3 February 2020

Dear Parents and Carers,

### **"TOASTMASTERS" - Speechcraft / Youth Leadership Course Term 1 – 2020 Expression of Interest to Participate**

Each year, St Gregory's College offers our students the opportunity to develop their skills and confidence through participation in a Toastmasters program. The next Speechcraft / Youth Leadership Course (also known as Toastmasters), at the College will be commencing on **Thursday 27 February 2020**. **The Course will be conducted in the evening, 1 night per week, over a 6-week period from 7 pm to 9pm in the La Valla Centre at the College.**

The first night of this course will commence on **27 February from 7pm to 9pm** and will then run for 5 weeks thereafter on the following dates from 7pm to 9pm in the La Valla Centre at the College:

**Thursday 5 March – 7pm to 9pm**  
**Thursday 12 March – 7pm to 9pm**  
**Thursday 19 March – 7pm to 9pm**  
**Thursday 26 March – 7pm to 9pm**  
**Thursday 2 April – 7pm to 9pm**

If your son is interested in participating in this Course, could you please complete the permission note below and ask your son to return it to Mrs Stott by **Friday 14 February 2020**. As you can appreciate, this course has become very popular with the students, and places are limited to 12 participants. Therefore, it is important that the permission note must be returned by the due date for your son to have a place in the course.

A letter of confirmation will be emailed to parents to confirm their son's place. Places, which are not confirmed, will be given to a student that has been placed on the waiting list.

Kind regards,

**Lee MacMaster**  
**College Principal (K-12)**

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**PERMISSION TO PARTICIPATE IN TOASTMASTERS SPEECHCRAFT / YOUTH LEADERSHIP COURSE - TERM 1 - 2020**

I give permission for my son \_\_\_\_\_ in Year \_\_\_\_\_ to participate in the Toastmasters Speechcraft / Youth Leadership Program **commencing 27 February 2020** from 7pm to 9pm and continue for 5 weeks on a Thursday evening beginning 7pm to 9pm with the Program concluding on 2 April 2020.

I will ensure that my son will be transported to and from the College.

**Parent/Carer Name:**

**Signature:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO MRS STOTT (LOCATED IN THE PRINCIPAL'S OFFICE)**