



ST PIUS X COLLEGE

CHATSWOOD

20th February 2017

Dear Parents/Guardians

"PRAISEFEST EVENING"

Tuggerah Lakes Deanery, Tuggerah

Friday 24th February, 2017

Your son has been invited to attend the Broken Bay Diocese *Praisefest* Evening on Friday 24th February. The event will be held at the Tuggerah Lakes Deanery at St Peter's Catholic College Hall, Tuggerah. The evening will begin at 6pm and conclude at 9pm. A BBQ dinner will be provided.

Praisefest is an opportunity to gather young people together around the Eucharist in an energetic and contemporary format. These nights are focused on the good news of Jesus Christ as witnessed through the Gospels in a social context.

Students are to assemble by the big bus in the College yard at 3.30pm under the supervision of Mr Adrian Brannan. Students will travel by bus to St Peter's Catholic College and the bus will return to the school by approximately 10.00pm. Your son will send you a text message of our estimated time of arrival on the evening.

Students will be involved in the following activities: listening to key note speakers, adoration, prayer, singing, dancing and the sacrament of reconciliation (optional).

Requirements:

- Students are to wear appropriate casual clothing for the evening.
- If your son has any special dietary requirements he will need to bring his own dinner.

If you would like your son to attend the Praisefest evening please complete the **permission slip** on the following page and return to Mr Adrian Brannan by this Thursday 23rd February.

We are looking forward enjoying this special occasion with other students from the diocese. If you have any questions or require more information about these activities, please contact me directly.

Sincerely

Mr Adrian Brannan

Youth Minister

Email: abrannan@stpiusx.nsw.edu.au

Phone: 9414 4324 or 0414 826 326

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ABN 50 451 308 630

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PLEASE RETURN DIRECTLY TO MR A BRANNAN BY Thursday 23rd February 2017

I give permission for my son _____ of Year _____ to attend the Broken Bay Praisefest on Friday 24th February 2017.

My son's date of birth is: ____/____/____

If required, I give permission for Mr Brannan to seek appropriate medical attention for my son.

Signed: _____ Date: _____
(Parent/Guardian)

Name: (Please print) _____

Contact Parent/Guardian Phone number: _____