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GLEN IRIS PRIMARY SCHOOL

SIZZLING SPRING SPORTS

CRICKET – BASKETBALL - TENNIS

As the weather warms up join us for a great program to develop, challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, throwing and hitting. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a **FUN** and very **SAFE** environment.

WHEN: Tuesday
COMMENCING: 11th October
CONCLUDING: 13th December
TIME: 3.40pm – 4.40pm
YEAR LEVELS: Prep – Gr. 4
COST: \$99 (9 weeks)



CRICKET – HOCKEY - TENNIS

As the weather warms up join us for a great program to develop, challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, throwing and hitting. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a **FUN** and very **SAFE** environment.

WHEN: Wednesday
COMMENCING: 12th October
CONCLUDING: 14th December
TIME: 3.40pm – 4.40pm
YEAR LEVELS: Prep – Gr. 4
COST: \$110 (10 weeks)



GET IN QUICK TO BOOK YOUR PLACE FOR TERM 4

BOOK VIA OUR ONLINE BOOKING SYSTEM

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POST CODE AND ENROL FROM THERE. OR
FILL OUT THE ENROLMENT FORM BELOW AND SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 345, ASHBURTON 3147

PAYMENT OPTIONS MAY BE AVAILABLE

ENROLMENT FORM

☐ Sizzling Spring Sports- Tuesday

☐ Sizzling Spring Sports- Wednesday

School: _____ Year Level: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

At the completion of after school clinics, does your child?

☐ Go to after care ☐ Get collected

Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver Name: _____ Signature: _____

Amount Paid: \$ _____ Credit card payment: ☐ Visa ☐ Master card

Card Number: Expiry Date: / CVV:

Cardholder Name: _____ Signature: _____

THINGS TO KNOW

Kelly Sports is a Registered Child Care provider
Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports.