P.O. Box 71, Moonee Vale 3055
T (03) 9384 2204
F (03) 9384 2205
E mitch@kellysports.com.au

Book Before Sep 26th and pay $121 ($11 per week)

WOODEND PRIMARY SCHOOL

SPORTY SPRING PROGRAM

SOCCER – BASKETBALL- CRICKET – HOCKEY – CRAZY GAMES

This program is a fantastic way to 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, kicking & throwing. 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: Thursday
COMMENCING: 08/10/16
CONCLUDING: 15/12/16
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4
COST: $132

SUPER SOCCER CLUB

Start training to be the next soccer star now! The journey to victory begins here at the Kelly Sports super soccer program. Our talented and enthusiastic coaches will have your children kicking goals in no time, developing skills in passing, dribbling, headers and of course, kicking their team to soccer glory

WHEN: Thursday
COMMENCING: 08/10/16
CONCLUDING: 15/10/16
TIME: 1.10pm – 2.00pm
YEAR LEVELS: P – 4
COST: $132

GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST

$132 FOR 11 WEEK PROGRAM

NEW IMPROVED ONLINE BOOKING SYSTEM!!!

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

PO BOX 71, MOONEE VALE, 3055

PAYMENT OPTIONS AVALIABLE!

ENROLMENT FORM

☐ **Sporty Spring Program** ☐ **Super Soccer Club**

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 Nth West 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: ☐☐☐

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.