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

# BAYSWATER SOUTH P.S

## SPRING MULTI SPORTS

**BASKETBALLL – CRICKET – SOCCER – 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 and striking, all within a **FUN** and very **SAFE** environment.

| | |
|---|---|
| WHEN: | Tuesday |
| COMMENCING: | 17/10/17 |
| CONCLUDING: | 19/12/17 |
| TIME: | 3.40pm – 4.40pm |
| YEAR LEVELS: | P – 6 |
| COST: | $108 |

No session on 7th of nov (melb cup)

## END OF YEAR CHEER

**IT'S THE END OF THE YEAR AND IT'S TIME TO CHEER!**

Join us in Term 4 for our Cheerleading program for boys and girls. This program will combine both Hip Hop and Cheerleading to create a new and fresh routine. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Book early for this incredibly fun program!

| | |
|---|---|
| WHEN: | Thursday |
| COMMENCING: | 19/10/17 |
| CONCLUDING: | 14/12/17 |
| TIME: | 11.10am – 12pm |
| YEAR LEVELS: | P – 4 |
| COST: | $108 |

**GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST**

**$108 FOR 9 WEEK PORGRAM**

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

☐ **SPRING MULTI SPORTS** ☐ **END OF YEAR CHEER**

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.