 P.O. Box 71, Moonee Vale 3055

**SPECIAL OFFER! Total Program cost $110 sign up before 27th June**

 **T** (03) 9384 2204

 **F** (03) 9384 2205

 **E** mitch@kellysports.com.au

**GREENVALE PRIMARY SCHOOL**

**WACKY WINTER SPORTS**

****

**WHEN:** Thursday

**COMMENCING:** 21/07/15

**CONCLUDING:** 15/09/15

**TIME:** 3.40pm – 4.40pm

**YEAR LEVELS:** P – 4

**COST:** $120

**SOCCER – BASKETBALL- AFL – TEEBALL – TEAM 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.





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**TIME:** 3.40pm – 4.40pm

**YEAR LEVELS:** P – 4

**COST:** $120

**GYMNASTICS**

**BEND YOUR WAY TO GYM CLUB THIS TERM!** This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Colorful Ribbons, Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities



**GET IN QUICK FOR TERM 3 AS PLACES FILLING FAST**

**It’s here online enrolments !**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

**$120 FOR 10 WEEK PROGRAM**

**­**

NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://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!

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 **ENROLMENT FORM**

□**Wacky Winter Sports** □ **Gymnastics**

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:□□□

**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.

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