

12 Metropolitan Drive, Eaglehawk VIC

M 0438 198 031

E brett@kellysports.com.au

W www.kellysports.com.au



SPRING GULLY PRIMARY SCHOOL





MEGA MULTI-SPORTS

SOCCER - BASKETBALL -- FOOTY - NETBALL -- STREET HOCKEY

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: Friday

WHERE: Spring Gully PS

> Front Oval/Basketball courts

COMMENCING: 27/04/18 CONCLUDING: 29/06/18 **DURATION:** 10 weeks

TIME: 3:25pm - 4:25pm

YEAR LEVELS: P-4 COST: \$120



CIRCUS & GYMNASTICS

Twist, flip & leap into an exciting Circus & Gymnastics program with Kelly Sports! This fast-paced, highly active program is a fantastic introduction to the wonderful world of circus & gymnastics tricks! Colourful ribbons, hula hoops, spinning plates, juggling scarves, diablos, sits, supports, jumps & landings will be sure to improve balance, co-ordination, muscle strength & group dynamics all in a FUN, EXCITING & SAFE environment!

WHEN: Wednesday

Spring Gully PS BR WHERE:

building

COMMENCING: 25/04/18 CONCLUDING: 27/06/18 DURATION: 10 weeks TIME: 1:10pm - 1:55pm

YEAR LEVELS: P-6 COST: \$100

GET IN QUICK FOR TERM 2 AS PLACES ARE FILLING FAST!!

EARLY BIRD SPECIAL OFFER If you enrol your child in any program before Sunday 22nd April you'll receive 1 session FREE!!



NEW & IMPROVED ONLINE BOOKING SYSTEM!!

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POSTCODE AND ENROL FROM THERE OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARD DETAILS TO: 12 METROPOLITAN DRIVE, EAGLEHAWK VIC 3556 PAYMENT OPTIONS AVALIABLE!

ENROLMENT FORM

Mega Multi Sports	Circus & Gymnastics
School:	Year Level: DOB:
Name:	Room No:
Address:	Post Code:
Phone:	Mobile/Work:
Email:	Medical Conditions:
Emergency Contact:	Phone: Relationship:
At the completion of after school clinics, does your child?	
	on my behalf should my child require medical attention, and release y 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: CVV: