

12 Metropolitan Drive, Eaglehawk VIC

M 0438 198 031

E brett@kellysports.com.au

W www.kellysports.com.au





ST. LIBORIUS PRIMARY SCHOOL



MEGA MULTI-SPORTS

TENNIS - CRICKET - T-BALL - ATHLETICS

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: Wednesday
WHERE: St. Liborius PS
COMMENCING: 13/02/19
CONCLUDING: 3/04/19
DURATION: 8 weeks
TIME: 3:40pm - 4:40pm

YEAR LEVELS: P-4

COST: \$112 inc GST



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: Monday
WHERE: St. Liborius PS
COMMENCING: 11/02/19
CONCLUDING: 1/04/19
DURATION: 8 weeks
TIME: 1:45pm - 2:30pm

YEAR LEVELS: P-6

COST: \$96 inc GST

GET IN QUICK FOR TERM 1 AS PLACES ARE FILLING FAST!!

EARLY BIRD SPECIAL OFFER If you enrol your child in any program before
Sunday 10th February you'll receive 1 session FREE!!



NEW & IMPROVED ONLINE BOOKING SYSTEM!!

SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> 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	S		
School:			Year Level:	DOB:
Name:		F	Room No:	
Address:		F	Post Code:	
Phone:	Mobile/Work:			
Email:	Medical Conditions:			
Emergency Contact:	Phone:	Relationship	0:	
At the completion of after school clinics, does your child?		1		
Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs.				
Parent/Caregiver name:	Sig	nature:		
Amount Paid: \$	Credit card payment:	Visa Maste	r card	
Card Number:		Expiry Da	ate:	CVV: