

Kelly Sports Berwick, Pakenham, Seaford

P.O. Box 2055, Fountain Gate 3805

T DARREN 0402 224 116

F (03) 8692 6539

E darren@kellysports.com.au

W www.kellysports.com.au



NARRE WARREN NORTH PRIMARY



WICKED WINTER SPORTS!

Winter Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include cricket, tennis, soccer, basketball & crazy games! This multi-sport program will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in an enjoyable environment. TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!

WHEN: **COMMENCING:** PERIOD: TIME: YEAR LEVELS:

FRIDAYS 27/7/18 - 21/9/18 9 Weeks 3:35pm - 4:35pm



GYM FUN!

GET MOVING WITH GYMNASTICS THIS WINTER! This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. Colourful ribbons, entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals, allows your child to build a thirst for energetic activities.

COMMENCING: PERIOD: TIME: YEAR LEVELS:

THURSDAYS 26/7/18 - 20/9/18 9 Weeks Lunchtime P-6

COST: **\$10 per week + GST** (\$99)

Winner: 2013 Cardinia Franchisee of the year!

VENUE: NARRE WARREN NORTH PRIMARY Please do not leave enrolment from with the school office



ONLINE ENROLMENT

To enrol, please visit www.kellysports.com.au or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC 3805, or scan www.kellysports.com.au search 'postcode' to: darren@kellysports.com.au or fax to 8692 6539. Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

ENROLMENT FORM

SPORTS! GYM FUN!	
School: NARRE WARREN NORTH	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 Berwick from any liability for injury incurred by my child at Kelly Sports programmes.	
Parent/Caregiver name: Signature:	
Amount Paid: \$ Internet Transfer: Credit card payment: (online surcharge applies	Cheque: Cash:
Card Number:	Date:

