



WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

TUESDAYS
21/04/15 – 16/06/15
9 WEEKS (\$90)
3:40pm – 4:40pm
P – 4

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION



WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

WEDNESDAYS
22/04/15 – 17/06/15
9 WEEKS (\$90)
Lunchtime
P – 6

COST: \$10 per week (\$90 based on 9 x \$10 sessions)

VENUE: LYNDHURST PRIMARY

Please do not leave enrolment form with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



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 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

☐ Awesome Autumn Sports!

☐ Hip Hop Heroes!

School: LYNDHURST PRIMARY

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: Expiry Date: /

