



Kelly Sports Berwick, Pakenham, Seaford

P.O. Box 2055, Fountain Gate 3805

T 0402 224 116

F (03) 8692 6539

E [darren@kellysports.com.au](mailto:darren@kellysports.com.au)

W [www.kellysports.com.au](http://www.kellysports.com.au)



## TERM 4 HOME SCHOOL SPORTS HEROES



### SUPER SPRING SPORTS!

**DON'T MISS OUT THIS SPRING!** Spring Sports allows your child to play a range of dynamic and active sports over the 5 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:** THURSDAYS  
**COMMENCING:** October 13<sup>th</sup>, 27<sup>th</sup>  
November 10<sup>th</sup>, 24<sup>th</sup>  
December 8<sup>th</sup>  
**PERIOD:** 5 SESSIONS  
**TIME:** 11:15AM – 12:15PM  
**YEAR LEVELS:** All ages welcome

**COST:** \$7 per session (\$35 based on 5 x \$7 sessions)  
**VENUE:** UFT CROSSFIT FOUNTAIN GATE 1/7 Len Thomas Place Narre Warren



### ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au) search 'postcode'

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

School: HOMESCHOOL SPORTS HEROES \_\_\_\_\_ 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: \$ \_\_\_\_\_ Credit card payment: ☐ (1.32% surcharge) Internet Transfer: ☐ Cheque: ☐ Cash: ☐

Card Number:                 Expiry Date:   /



Winner: 2013 Cardinia Franchisee of the year!



Winner: 2013/15 Casey Business Awards - Home Based Business!