

## 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



## HILLCREST CHRISTIAN COLLEGE



## **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 8 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 coordination, all in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!

 WHEN:
 THURSDAYS

 COMMENCING:
 08/10/15 - 26/11/15

 PERIOD:
 8 WEEKS

 TIME:
 3:40pm - 4:40pm

 YEAR LEVELS:
 1 - 4

COST: \$10 per week (\$80 based on 8 x \$10 sessions)

**VENUE:** Hillcrest Christian College – Meet at Junior School Courtyard

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



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

## **ENROLMENT FORM**

School: Hillcrest Christian College	Year Level:
lame:	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 app	olies) Cheque: Cash:
Card Number:	Expiry Date: