

Kelly Sports Berwick & Pakenham

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St PAUL APOSTLE SOUTH





STUNNING SUMMER SPORTS!

DON'T MISS OUT THIS SUMMER! Summer Sports allows your child to play a range of dynamic and active sports over the 8 week program; these **WHEN**: include cricket, t-ball, soccer, basketball & crazy games! This multisport 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!

COMMENCING: PERIOD: TIME: YEAR LEVELS:

WEDNESDAYS 04/02/15 - 25/03/15 8 Weeks 3:35pm – 4:35pm P-4



DYNAMIC DANCE!

GET MOVING WITH KELLY DANCE THIS SUMMER! Shake, move & let the beat enter your feet with Kelly Sports Dance. Our fantastic Kelly Sports Dance teachers will get your child's hips swinging, heads bumping, feet rocking & bodies shaking! From contemporary, jazz to hip-hop and pop, this program provides something for everyone. Our dance program will build rhythm and confidence!

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

TUESDAYS 03/02/15 - 24/03/15 8 Weeks Lunch Time P – 6

COST: VENUE:

\$10 per week (\$80 in total based on 8 x \$10 sessions) ST PAUL APOSTLE SOUTH SCHOOL

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER

ONLINE ENROLMENT www.kellysports.com.au

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

Sports! (After School)	Dance! (Lunch Time)
School: ST PAUL APOSTLE SOUTH SCHOOL	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: Cash: Cheque: Cash: Cas	
Card Number:	
Winner: 2013 Cardinia Franchisee of the year Winner: 2013 Casey Home Based Business	