



Kelly Sports Berwick, Pakenham, Seaford
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COME & TRY
TERM 1!

HILLCREST CHRISTIAN COLLEGE



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 include **cricket, soccer, tennis, 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:

THURSDAYS
08/02/18 – 29/03/18
8 WEEKS (\$80)
3:40pm – 4:40pm
P – 4



SOCCER SUPERSTARS!

Come and join the Kelly Sports team and learn all there is to know about soccer. Have fun learning how to play soccer with your friends in the Kelly Sports 8 week Soccer Clinic. Learn all the basics to play the game in a challenging and safe environment.

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

THURSDAYS
08/02/18 – 29/03/18
8 WEEKS (\$80)
Lunchtime
P – 4

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

VENUE: HILLCREST CHRISTIAN COLLEGE

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

☐ Stunning Summer Sports! ☐ Soccer Superstars!

School: HILLCREST CHRISTIAN COLLEGE _____ 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: Expiry Date: /



Winner: 2013 Cardinia Franchisee of the year!



Winner: 2015 Casey Home Based Business