Kelly Sports Berwick, Pakenham, Seaford
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COME & TRY TERM 2!

NARRE WARREN NORTH PRIMARY

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, 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:	FRIDAYS
COMMENCING:	15/02/19 – 05/04/19
PERIOD:	8 Weeks
TIME:	3:35pm – 4:35pm
YEAR LEVELS:	P – 4

GYM FUN!

GET MOVING WITH GYMNASTICS THIS SUMMER! This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. **Colourful ribbons, entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals,** allows your child to build a thirst for energetic activities.

WHEN:	THURSDAYS
COMMENCING:	14/02/19-04/04/19
PERIOD:	8 Weeks
TIME:	Lunchtime
YEAR LEVELS:	P – 6

COST: **$10 per week +GST** ($88)
VENUE: NARRE WARREN NORTH PRIMARY
Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER

ONLINE ENROLMENT

www.kellysports.com.au search 'postcode'

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! ☐ GYM FUN!

School: NARRE WARREN NORTH_____ 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: 2013/15 Casey Home Based Business**