

Kelly Sports Berwick, Pakenham, Seaford

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ST MARGARETS



AWESOME AUTUMN SPORTS!

DON'T MISS OUT THIS AUTUMN! Autumn Sports allows your child to play a range of dynamic and active sports over the 8 week program; these include **footy**, **soccer**, **netball**, **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

WHEN: COMMENCING: PERIOD: TIME: YEAR LEVELS: **TUESDAYS**2/5/17 - 20/6/17
8 WEEKS (\$80)
3:10PM - 4:10PM

S: P-4



HIP HOP HEROES

Over 8 weeks students will have the opportunity to move, groove, spin and bop to the sound of hip hop beats alongside our friendly dance instructor. Our Hip Hop classes are high energy, rhythmic and electric. The dance is based on sharp strong movements and the class helps build rhythm, confidence and social skills in a friendly environment.

WHEN: COMMENCING: EXLUDING PERIOD: TIME: MONDAYS 01/05/17- 19/6/17 12/6/17 7 WEEKS (\$70) 3:10PM - 4:10PM

YEAR LEVELS: P-6

COST: \$10 per week (\$80 based on 8 x \$10 session - \$70 Dance)

VENUE: ST MARGARETS

Please do not leave enrolment form with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



Winner: 2013 Cardinia Franchisee of the year!

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

Awesome Autumn Sports! Hip Hop I	Heroes!
School: ST MARGARETS	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 app	ies) Cheque: Cash: Cash:
Card Number:	piry Date:

