



Kelly Sports Berwick  
Darren Michelle  
P.O. Box 2055, Fountain Gate 3805  
T 0402 224 116  
F (03) 8692 6539  
E [darren@kellysports.com.au](mailto:darren@kellysports.com.au)  
W [kellysports.com.au](http://kellysports.com.au)



# 3-5 YEAR OLDS

## SATURDAY SPORTS PROGRAM

### 'mini KELLY SPORTERS'

#### 8 WEEK MULTI-SPORT SKILLS PROGRAM

Our 8 week sport program is designed to teach your child fundamental sporting skills while encouraging confidence and socialising.

Be delighted as you watch their skills grow while they are introduced to a range of sports in our fun and safe learning environment.

We encourage parent involvement during the sessions, which would include partnering up for various ball skills. The Saturday sessions are also fantastic for the parent that misses out at being involved in their child's activities during the week. 1 week on each sport →

**COST:** \$10 per week (\$80 total or \$76 if enrolling online)

**VENUE:** BERWICK FIELDS PRIMARY SCHOOL GYM  
35 Gwendoline Dr Berwick

**WHEN:** Saturdays  
**COMMENCING:** 25<sup>th</sup> October  
**CONCLUDING:** 13<sup>th</sup> December  
**SESSION 1:** 9:20am-10:05am  
**SESSION 2:** 10:10am-10:55am  
**SESSION 3:** 11:00am-11:45am  
**AGES:** 3 - 5 yr's

#### SPORTS:

Soccer  
Footy  
Hockey  
Basketball  
Cricket  
Athletics  
Gymnastics  
Crazy Games



## ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)  
'search postcode 3806'

To enrol online, please visit [www.kellysports.com.au](http://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](mailto:darren@kellysports.com.au) Internet transfer available **BSB: 083-214**  
**Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick**

## ENROLMENT FORM

**Session:** 9:20am ☐ 10:10am ☐ 11:00am ☐

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

#### 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: \$ 80 Cash: ☐ Cheque: ☐ Credit card: ☐ (online surcharge applies) Internet Transfer: ☐

Card Number:                 Expiry Date:   /



Winner: 2013 Cardinia Franchisee of the year!



Finalist: 2013 Home Based Business of the Year!