 P.O. Box 183, Black Rock 3193

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 **T** 9502 0611

 **M** 0432 832 466

 **E** pierre@kellysports.com.au

[www.facebook.com/KellySportsBayside](https://www.facebook.com/KellySportsBayside)

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 **P.O. Box 183, Black Rock 3193**

 **BEAUMARIS NORTH PS**

**![C:\Users\Pierre\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TSZHWZWG\MC900439811[1].png]()**

**SUPER SOCCER**

Play Soccer with your friends in the Kelly Sports Soccer Clinic. Now with 2 levels of coaching. Beginners (prep-1) and Soccer Squad (y 2+)

**WHEN:**  Tuesday

**COMMENCING:** 15/7/14

**CONCLUDING:** 16/9/14

**TIME:** 3.35.4.35

**YEAR LEVELS:** P – 4

**![C:\Users\Pierre\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\IGYXSVZN\MC900441277[1].png]()**



Have fun learning and playing Basketball with your friends. Great for all levels.

**BASKETBALL**

**WHEN:**  Tuesday

**COMMENCING:** 15/7/14

**CONCLUDING:** 16/9/14

**TIME:** 3.35.4.35

**YEAR LEVELS:** P – 4

**TRY A CLASS AT NO COST. EMAIL** pierre@kellysports.com.au

**FOR A FREE TRIAL CLASS. GREAT FOR BOYS AND GIRLS**



**COST:** **$115** (early bird rate $110 if paid before 11/7/14)

**It’s here online enrolments!**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

Fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

go to [www.kellysports.com.au](http://www.kellysports.com.au/) and search for Beaumaris North

**VENUE: Sports: meet in front of office**

**­**

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 **ENROLMENT FORM**

 □ **Basketball** □ **Soccer**

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 Brighton from any liability for injury incurred by my child at Kelly Sports programs.**

Parent/Caregiver name: Signature:

Amount Paid: $ Credit card payment: □ **Visa** □ **MasterCard**

Card Number: □□□□ □□□□ □□□□ □□□□ Expiry Date: □□/□□

**ONLINE ENROLMENT**

http://kellysports.com.au

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