

P.O. Box 183, Black Rock 3193

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

**RIPPONLEA PS**

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

Play Soccer with your friends in the Kelly Sports Soccer Clinic. Now with 2 levels of coaching. Beginners (prep-1s) and Soccer Squad (y 2+) We recommend that children bring a snack for after school.

**SOCCER PRO**

**WHEN:** Thursday

**COMMENCING:** 9/10/14

**CONCLUDING:** 18/12/14

**TIME:** 3.30pm – 5.00pm

**YEAR LEVELS:** P – 4

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

**WHEN:** Thursday

**COMMENCING:** 9/10/14

**CONCLUDING:** 18/12/14

**TIME:** 3.30pm – 4.35pm

**YEAR LEVELS:** P – 4

**BASKETBALL**

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

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

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



**COST: $165** OR **$125**  (early bird rate $160 & $120 if paid before 4/10/14)

**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

enrol online go to [www.kellysports.com.au](http://www.kellysports.com.au)

**VENUE: on School Oval**



 **ENROLMENT FORM**

 □ **Soccer Pro**  □ **Basketball**

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**  SEC CODE □□□

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

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