

P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204

F (03) 9384 2205

E info@kellysports.com.au



Early Bird rate \$9.50 / week, if you enrol by Friday 26th Sept.

## St LUKE the EVANGELIST ps

## SENSATIONAL SPRING SPORTS



We provide a range of dynamic activities during our 10 week program including Basketball or Netball, "World Cup" Soccer and Cricket, Hockey or T-Ball. This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination, all in an enjoyable environment. Boys & Girls of all abilities welcome.

Our program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN: **Thursday** 

**COMMENCING: 9 October '14** 

**CONCLUDING:** 11 December '14

TIME: 3.35pm - 4.35pm

YEAR LEVELS: P-4

\$100. Enrol online – go to www.kellysports.com.au

Early bird rate of \$95, if you enrol online by Friday 26th September.

**VENUE:** At School. Meet near artificial playing surface.



To enrol, please visit **www.kellysports.com.au** or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: ANZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) Mail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au Do not leave enrolment forms at the school office.

## **ENROLMENT FORM**

Sensational S	pring Sports (After so	hool)			
School: St Luke the Evangelist ps				Year Level:	
Name:				Room No:	
Address:				Post Code:	
Phone:		Mobile/Work:			
Email:		_ Medical Conditions / S	pecial Needs:		
At the completion of after school clinics, does your child?		Go to after care	Get collected		
Parents' consent					
I hereby authorise Kelly Sports any liability for injury incurred			cal attention, and rel	ease Kelly Sports	Burwood from
☐ I authorise the use by Kell			child or legal charge	e for any reasonab	le purpose.
Parent/Caregiver name:			Signature:		_
Amount Paid: \$		_ Credit card payment:	☐ Visa ☐ Mas	stercard CVV	
Card Number:				Expiry Date:	