

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

T (03) 9384 2204 F (03) 9384 2205

E info@kellysports.com.au



you enrol by Friday 11th July.

CLARINDA PS

WICKED WINTER SPORTS



We provide a range of dynamic activities during over **9 weeks.** The program includes **Aussie Rules Footy, Basketball or Netball, "World Cup" Soccer, 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:	Friday			
COMMENCING	: 25 July '14			
CONCLUDING	19 Sept '14			
TIME:	3.35pm – 4.35pm			
YEAR LEVELS: P-4				

COST: \$95. Enrol online for \$90 – go to <u>www.kellysports.com.au</u> Early bird rate of \$85.50, if you enrol online by Friday 11th July.

VENUE: At School. Meet at the Shade Sail area.

		ONLINE ENROLMENT www.kellysports.com.au	below & send with a cheque or cre ANZ Bsb 013 030 A/c 4936 95452	ports.com.au or fill out the enrolment form edit card details or pay by internet banking: 2 (use child's first, last name as reference) e, VIC 3055. Email info@kellysports.com.au he school office.
		E	NROLMENT FORM	
	Wicke	d Winter Sports (After school)		
School:	Clarinda	PS		Year Level:
Name:				Room No:
Address:				Post Code:
Phone:			Mobile/Work:	
Email:			_ Medical Conditions / Special Needs:	
At the co	mpletion of af	ter school clinics, does your child?	Go to after care Get collected	
Parents'	consent			
		elly Sports to act on my behalf shoul r incurred by my child at Kelly Sports	d my child require medical attention, and re s programmes.	lease Kelly Sports Dingley from

I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.

Parent/Caregiver name:	 	Signature:		
Amount Paid: \$	 Credit card payment:	Visa	Mastercard	
Card Number:			Expiry Date:	