

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.

COATESVILLE PS

BASKETBALL, CRICKET & SOCCER



We provide a range of dynamic activities over our 10 week program. 3 weeks each of Basketball and "World Cup" Cricket and 4 weeks of Soccer. Our talented qualified and enthusiastic coaches will have your children kicking goals or hitting 4s in no time, developing skills in passing, dribbling, heading and of course kicking or hitting or bowling their team to glory.

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 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

COST: \$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 at the outside Stage



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

School:	Coatesville PS	,	•	Year Level:	
Name:	Coatesville PS				
Address:				Post Code:	
Phone:		Mobile/Work:			
Email:		Medical Conditions / S	pecial Needs:		
At the co	mpletion of after school clinics, does your child?	Go to after care	Get collected		
Parents'	consent				
	authorise Kelly Sports to act on my behalf should		cal attention, and rele	ease Kelly Sports	Dingley from
_	lity for injury incurred by my child at Kelly Sports		abild on lovel above	. f	
□ Taut	horise the use by Kelly Sports of any photograph	s or video image of my	child or legal charge	for any reasonad	oie purpose.
Parent/C	aregiver name:		Signature:		_
Amount F	Paid: \$	Credit card payment:	☐ Visa ☐ Mas	tercard CVV	
Amount	aiu. y	Credit card payment.	Wisa Wias	tercard CVV	
Card Nu	mber:			Expiry Date:	