

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

F (03) 9384 2205

T (03) 9384 2204

E info@kellysports.com.au



Early Bird rate \$9.50 / week, if you enroll by Friday 11th July.

ESSEX HEIGHTS 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: Monday

COMMENCING: 21 July '14

CONCLUDING: 15 Sept '14

TIME: 3.35pm - 4.35pm

YEAR LEVELS: P-4

COST: \$95. Enrol online for \$90 – go to www.kellysports.com.au

Early bird rate of \$85.50, if you enrol online by Friday 11th July.

VENUE: At School. Meet at the steps to rear oval.



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

Wicked Wir	nter Sports (After schoo	1)		
School: Essex Heights PS			Year Level:	
Name:				Room No:
Address:				Post Code:
Phone:		Mobile/Work:		
Email:		Medical Conditions / Special Needs:		
At the completion of after sch	ool clinics, does your child?	Go to after care Get collected		
Parents' consent				
	orts to act on my behalf show ed by my child at Kelly Spor		ical attention, and	release Kelly Sports Burwood from
☐ I authorise the use by K	Celly Sports of any photogra	phs or video image of my	child or legal cha	rge for any reasonable purpose.
Parent/Caregiver name:			Signature:	
Amount Paid: \$		Credit card payment:	☐ Visa ☐ N	Mastercard Page 1
Card Number:				Expiry Date: