

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

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GOOD START ELC, South Rd

FUNDAMENTAL SPORTS SKILLS



We provide a range of dynamic activities over a 10 week period. The program includes Basketball, "World Cup" Soccer, Footy and other ball games plus catching, running, jumping and throwing activities.

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 learn and develop key sporting skills essential for all sports. It will inspire children to give various sports 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.

Come and try the first session free of obligation to enrol.

Early Bird rate \$6.50 / week, if you enrol by Friday 11th July.

WHEN: Friday

COMMENCING: 18th July '14

CONCLUDING: 19th September '14

TIME: 10.00 – 10.30am /

10.30 **–** 11.00am

YEAR LEVELS: Pre Kinder - Kinder

COST: \$75. Enrol online for \$70 – go to www.kellysports.com.au

Early bird rate of \$65, if you enrol online by Friday 11th July.

VENUE: At the South rd Centre playground.



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 office.

ENROLMENT FORM

	Fundamental Sports skills	Automatic re-e	enrolment each	term
Centre: G	Good Start ELC, South Rd, Bentleigh East			Level:
Name: _				Room No:
Address: _				Post Code:
Phone: _		Mobile/Work:		
Email: _		Medical Conditions / S	pecial Needs:	
	y for injury incurred by my child at Kelly Spo prise the use by Kelly Sports of any photogra	•	child or legal cl	narge for any reasonable purpose.
Parent/Care	egiver name:		Signature:	
Amount Pai	d: \$	Credit card payment:	Visa	Mastercard
Cord Nivosh				Funity Date: