

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 11<sup>th</sup> July.

## SILVERTON PS

## **WORLD CUP SOCCER**



LOVE THE WORLD CUP LOOK NO FURTHER.
The journey to stardom begins here at the Kelly
Sports 9 week World Cup Soccer. Our talented
qualified and enthusiastic coaches will have your
children kicking goals in no time, developing skills
in passing, dribbling, heading and of course kicking
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 program is a fantastic way for your child to develop key sporting skills essential for all sports of fun, while skills are being developed.

WHEN: Tuesday

**COMMENCING: 22 July '14** 

CONCLUDING: 16 Sept '14

TIME: 3.20pm - 4.20pm

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 11<sup>th</sup> July.

VENUE: At School. Meet near the stage in the undercover area.



To enrol, please visit <a href="www.kellysports.com.au">www.kellysports.com.au</a> 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**

World Cup Soccer (After scho	ool)	
School: Silverton PS		Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile/Work:	
mail: Medical Conditions / Special Needs:		pecial Needs:
At the completion of after school clinics, does your cl	hild? Go to after care	Get collected
Parents' consent		
I hereby authorise Kelly Sports to act on my beha any liability for injury incurred by my child at Kel		cal attention, and release Kelly Sports Dingley from
☐ I authorise the use by Kelly Sports of any ph	otographs 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: