

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.

SUSSEX HEIGHTS 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: Friday

COMMENCING: 10 October '14

CONCLUDING: 12 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 opposite the office.



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

Basketball, "World Cup" Cricke	et & Soccer (After school)	
School: Sussex Heights PS		Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile/Work:	
Email:	Medical Conditions / Special Needs:	
At the completion of after school clinics, does your child Parents' consent I hereby authorise Kelly Sports to act on my behalf sany liability for injury incurred by my child at Kelly S I authorise the use by Kelly Sports of any photo	should my child require medical attention, and Sports programmes.	release Kelly Sports Burwood from
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa	Mastercard CVV
Card Number:		Expiry Date: