



## LOWTHER HALL



### Super Sporters

Don't miss out on this fabulous SUMMER action, with our Super Sporters program. This program allows your child to experience a fun, energetic and highly active multi- sport program over 7 lively weeks! These include: Basketball, Soccer, Cricket. This program will further develop the skills for these sports as well as developing game play.

**WHEN:** Monday  
**COMMENCING:** 6/2/2017  
**CONCLUDING:** 27/3/2017  
**TIME:** 3:15pm –4:15pm  
**YEAR LEVELS:** 3-4



### Sensational Summer Sports

Don't miss out on this brilliant SUMMER action, with our Super Spring Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over 7 lively weeks! These include: **Athletics, Soccer, Basketball, and Cricket.** 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

**WHEN:** Monday  
**COMMENCING:** 6/2/2017  
**CONCLUDING:** 27/3/2017  
**TIME:** 3:15pm – 4:15pm  
**YEAR LEVELS:** P – 2

**COST:** \$84  
**VENUE:** Lowther Hall



**ONLINE ENROLMENT**  
[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit <http://www.kellysports.com.au> or fill out the below enrolment form & send with a cheque or credit card details to:  
**PO BOX 71, Moonee Vale VIC 3055.**  
**Do not leave enrolment forms at the school office.**

## ENROLMENT FORM

Super Sporters

Sensational Summer Sports

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Room No: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child?  Go to after care  Get collected

**Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Essendon from any liability for injury incurred by my child at Kelly Sports programmes.**

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ **Direct deposit:** Bsb: 633 000 Acct: 142172618 Please quote child's surname as reference

Credit card payment:  Visa  Mastercard

Card Number: ○○○○○○○○○○○○○○○○○○ Expiry Date: ○○/○○/○○