

#### **Kelly Sports Hallam Valley**

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# KILBERRY VALLEY PRIMARY



### **AWESOME AUTUMN SPORTS!**

DON'T MISS OUT THIS AUTUMN! Awesome Autumn Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include Footy, Basketball, Netball, Soccer & crazy games! This multi-sport program will not only provide an essential base for your child's motor skills, but will also help build confidence and coordination, all in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION

 WHEN:
 THURSDAYS

 COMMENCING:
 23<sup>rd</sup> April

 PERIOD:
 9 Weeks

 TIME:
 3.40pm - 4.40pm

YEAR LEVELS: P-4



#### **GYM FUN!!**

**GET MOVING WITH GYMNASTICS THIS AUTUMN!** This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. **Entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals,** allows your child to build a thirst for energetic activities

WHEN: COMMENCING: PERIOD: TIME:

WEDNESDAYS 22<sup>nd</sup> April 9 Weeks 3.40pm – 4.40pm

YEAR LEVELS: P-6

COST: \$10 per week (\$90 in total based on 9 x \$10 sessions)

VENUE: KILBERRY VALLEY PRIMARY SCHOOL

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



## **ONLINE ENROLMENT**

www.kellysports.com.au

To enrol, please visit <a href="www.kellysports.com.au">www.kellysports.com.au</a>, or fill out the below enrolment form & send with a cheque or credit card details to: <a href="mailto:PO">PO</a> <a href="mailto:BOX 332 Hampton Park">BOX 332 Hampton Park</a>, VIC 3696, or scan to: <a href="mailto:andyhoban@kellysports.com.au">andyhoban@kellysports.com.au</a> or fax to 8786 8771. <a href="mailto:Internet Direct credit available">Internet Direct credit available</a> BSB: 063-616 Acct No: 10-485-344 Acct <a href="mailto:Name">Name</a>: Kelly Sports Hallam Valley

## **ENROLMENT FORM**

	Sports! (After School)	GYM Fun!	
School:	KILBERRY VALLEY <b>PRIMARY SCHOOL</b>	Year Le	evel:
Name:		DOB:	
Addres	ss:		Post Code:
Phone:	: M	obile/Work:	
Email:			
Medica	al Conditions:		
	ts' consent I hereby authorise Kelly Sports to ac e Kelly Sports Hallam Valley from any liability for		
Parent	/Caregiver name:		
Signatu	ure:	Amount Paid: \$	
	Card payment:	☐ Visa ☐ Mastercard	