

**ENROL**

**ONLINE**

FOR ONLY

$9.50!

PER WEEK

enrol by Jan 1st

**Kelly Sports Hallam Valley**

P.O. Box 332, Hampton Park, 3976

**T** 0421 643 558

**F** (03) 8786 8771

**E** andyhoban@kellysports.com.au

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

**W** www.kellysports.com.au/zone/seaford

**TERM**  **3** ST KEVIN’S PRIMARY SCHOOL

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 **WICKED WINTER SPORTS!**



**DON’T MISS OUT THIS WINTER!** Winter Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **footy, soccer, hockey, basketball & 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 co-ordination, all in an enjoyable environment.  *TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION*

**WHEN: WEDNESDAYS**

**COMMENCING:** 20nd July

**PERIOD:** 9 WEEKS

**TIME:** 3:40pm – 4:40pm

**YEAR LEVELS:** P – 4

**Winner: 2013 Cardinia Franchisee of the year!** **Winner: 2013 Casey Home Based Business!**

**­**

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

**VENUE:** St Kevin’s Primary School

*Please do not leave enrolment from with the school office KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER*

**It’s here online enrolments !**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

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**ONLINE ENROLMENT**

**www.kellysports.com.au**

To **enrol**, please visit www.kellysports.com.au , or fill out the enrolment form below & **send** with a cheque or credit card details to: PO BOX 223 Hampton Park, VIC 3976, or **scan to: andyhoban@kellysports.com.au** or **fax** to 8786 8771. **Internet Direct Credit available** BSB: 063-616 Acct No: 10-485-344 Acct Name: Kelly Sports Hallam Valley

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 **ENROLMENT FORM**

School: St Kevin’s Primary 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 Hallam Valley from any liability for injury incurred by my child at Kelly Sports programmes.**

Parent/Caregiver name: Signature:

Amount Paid: $ Credit card payment: □Direct Credit payment: □ Cheque payment: □

Card Number: □□□□ □□□□ □□□□ □□□□ Expiry Date: □□/□□