

Kelly Sports Hallam Valley

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TERM 3 KILBERRY VALLEY PRIMARY SCHOOL



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 hockey, footy, soccer, basketball & crazy games! This multisport 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!

DAY: DATES: TIME: YEAR LEVELS:

THURSDAY 24/07/14 - 18/09/14 3:40pm - 4:40 pm



DYNAMIC DANCE!

GET MOVING WITH KELLY DANCE THIS WINTER! Shake, move & let the beat enter your feet with Kelly Sports Dance. Our fantastic Kelly Sports Dance teachers will get your child's hips swinging, heads bumping, feet rocking & bodies shaking! From contemporary, jazz to hip-hop and pop, this program provides something for everyone. Our dance program will build rhythm and confidence!

DAY: WEDNESDAY 23/07/14 - 17/09/14 **DATES:** 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!!!



To **enrol**, please visit <u>www.kellysports.com.au</u> or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 332, Hampton Park, VIC 3976, or scan to: andyhoban@kellysports.com.au or fax to 8786 8771. www.kellysports.com.au/zone/berwick Internet Direct credit available BSB: 063-616 Acct No: 1048 5344 Acct Name: Kelly Sports Hallam Valley

ENROLMENT FORM

Sports (THURSDAY)	Dance! (WEDNESDAY)	
School: KILBERRY VALLEY PRIMARY S	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	d
	rts to act on my behalf should my child require med om any liability for injury incurred by my child at Ke	· · · · · · · · · · · · · · · · · · ·
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Direct Cred	dit payment: Cheque payment:
Card Number:		piry Date:

