 P.O. Box 3011, The Pines 3109

 **T** 0414 381 368

 **E** davidkight@kellysports.com.au

**MONTMORENCY PRIMARY SCHOOL**



**WHEN:** Tuesday

**COMMENCING:** 19/4/2016

**CONCLUDING:** 21/6/2016

**TIME:** 3.40pm – 4.40pm

**YEAR LEVELS:** P – 4

**AWESOME AUTUMN SPORTS**

DONT MISS OUT ON KICKING A GOAL! AWESOME AUTUMN SPORTS allows your child to play a range of dynamic and active programs run over **10 weeks** these include; **Soccer, Football, Basketball, Netball and Hockey!** This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.



 **COST: SPECIAL OFFER-ONE WEEK FREE-$90 FOR 10 WEEKS(go to** [**www.kellysports.com.au**](http://www.kellysports.com.au) **and search for your school)**

**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

**VENUE: Montmorency Primary School**

**­**

**ONLINE ENROLMENT**

**www.kellysports.com.au/zone/templestowe**

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

out the below enrolment form & sendwith a cheque to:

 **PO BOX 3011, The Pines VIC 3109**. Payment options

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 **ENROLMENT FORM**

□ **Awesome Autumn Sports** (After School)

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 Templestowe from any liability for injury incurred by my child at Kelly Sports programmes.**

**Payment Options: Go online and pay via Direct Deposit or credit card.**

Parent/Caregiver name: Signature:

Amount Paid: $

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