PO Box 11 Bacchus Marsh 3340

**Term 3 2014**

**10 weeks**

***16th July 2014 -***

***17th September 2014***

**T** (03) 93842204

**F** (03) 9384 2205

**E** [lukebyles@kellysports.com.au](mailto:lukebyles@kellysports.com.au)

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

**TAYLORS HILL PRIMARY SCHOOL**



**MULTI-SPORT!**



**AFL – SOCCER – DODGEBALL – TURBO TOUCH**

This program is a great way to challenge and improve your child’s motor skills and coordination within a FUN environment! We aim to develop and enhance ball skills, catching, kicking, throwing, cooperative skills and teamwork while improving strength, flexibility, hand-eye coordination and spatial awareness

**WHEN:** Wednesday

**COMMENCING:** 16/07/2014

**CONCLUDING:** 17/09/2014

**TIME:** 3.45pm -4.45pm

**YEAR LEVELS:** Prep –Grade 4





**COST: $70 Did you know we are a registered childcare provider!?**

**VENUE: Taylors Hill Primary School Ask us for your end of term receipt for a Centrelink claim!**

 **­**

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

Or fill out the below enrolment form & send with a cheque made out

to Kelly Sports Western Region or email, fax credit card details.

**PO BOX 11, Bacchus Marsh 3340.**

**Please, do not** leave enrolment forms at the school office.

**ONLINE ENROLMENT**

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

**lukebyles@kellysports.com.au**

**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 POBOX 71, Moonee Vale,VIC,3055.

Payment options available!

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

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**ENROLMENT FORM**

□ **MULTI SPORT PROGRAM** (Wednesday 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 Western Region from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: Signature:

Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Cash □ Cheque □Bank Deposit Credit card payment: □ **Visa** □**Mastercard**

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

*Please ‘like’ our page on* ***Facebook*** *‘Kelly Sports Western Region’*

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