

P.O. Box 5185, Pinewood, 3149

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VERMONT PRIMARY SCHOOL

WILD WINTER SPORTS YRS 1-4

Soccer – Basketball – Footy – Crazy games

Get active with Kelly Sports this term. Wild Winter Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, footy and crazy games. 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. All sessions are run in the STADIUM.

WHEN: Wednesday
COMMENCING: 26/7/17
CONCLUDING: 20/9/17

TIME: 1.10pm – 2.10pm

YEAR LEVELS: 1 – 4 **COST**: \$108

WILD WINTER SPORTS PREPS

Soccer - Basketball - Footy - Crazy games

DESCRIPTION OF ACTVITIES AS ABOVE

WHEN: Thursday COMMENCING: 27/7/17 CONCLUDING: 21/9/17

TIME: 1.10pm – 2.10pm

YEAR LEVELS: PREP COST: \$108

DANCE

Our Specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat, ignite your child's feet! WHEN: Tuesday
COMMENCING: 25/7/17
CONCLUDING: 19/9/17
TIME: 1.10 – 2.10pm

YEAR LEVELS: P-4 COST: \$108

NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE.

OR

FILL OUT THE ENROLMENT FORM BELOW & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 5185, PINEWOOD 3149

ENROLMENT FORM

Wild Winter Sports 1-4 Dance Wild Wi	inter Sports PREPS	
ichool:		Year Level:
lame:		Room No:
ddress:		Post Code:
hone:	Mobile/Work:	
mail:	Medical Conditions:	
t the completion of after school clinics, does your child?	Go to after care Get collected	
hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Templestowe from ny liability for injury incurred by my child at Kelly Sports programmes. I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.		
arent/Caregiver name:	Signature:	
mount Paid: \$	Credit card payment: Visa Mas	ter card
Card Number:	Expiry	Date: