

P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204 F (03) 9384 2205

E info@kellysports.com.au

MURRUMBEENA PS

BRILLIANT BALLSPORTS



We provide a range of dynamic activities during our **9 sessions over a 10 week** program **including Basketball or Netball, Soccer, AFL Footy, Hockey or T-Ball.** This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination, all in an enjoyable environment. Boys & Girls of all abilities welcome.

Our program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN:	Monday
COMMENCING	: 20 April '15**
CONCLUDING	22 June '15
TIME:	3.35pm – 4.35pm
YEAR LEVELS: P-4	

HURRY

UP AND ENROL ONLINE!

** **No clinic on 8th June** (Public holiday – Queen's Birthday Day)

COST: \$90. Enrol online - go to www.kellysports.com.au

VENUE: At School. Meet near artificial playing surface.

	ONLINE ENROLMENT www.kellysports.com.a	To enrol, please visit <u>www.kellysports.com.au</u> or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: ANZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) Mail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au Do not leave enrolment forms at the school office.
	E	ENROLMENT FORM
	Brilliant Ballsports (After school)	
School: Name: Address:		Year Level: Room No: Post Code:
Phone:		Mobile/Work:
Email:		Medical Conditions / Special Needs:
At the cor	npletion of after school clinics, does your child?	Go to after care Get collected
Parents'		
any liabil	ity for injury incurred by my child at Kelly Spo	ould my child require medical attention, and release Kelly Sports Burwood from orts programmes. aphs or video image of my child or legal charge for any reasonable purpose.
Parent/Ca	aregiver name:	Signature:
Amount F	'aid: \$	Credit card payment: Visa Mastercard CVV
Card Nur	nber:	Expiry Date: