12 Metropolitan Drive, Eaglehawk VIC
M 0438 198 031
E brett@kellysports.com.au
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FOLLOW US ONLINE

ST. MONICA'S PRIMARY SCHOOL

MEGA MULTI-SPORTS

SOCCER - BASKETBALL -- FOOTY – NETBALL –STREET HOCKEY

This program is a fantastic way to challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, striking & throwing. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a FUN and very SAFE environment.

WHEN:	Tuesday
WHERE:	St. Monica's PS
COMMENCING:	31/07/18
CONCLUDING:	18/09/18
DURATION:	8 weeks
TIME:	3:40pm – 4:40pm
YEAR LEVELS:	P – 4
COST:	$112 inc GST

CIRCUS & GYMNASTICS

Twist, flip & leap into an exciting Circus & Gymnastics program with Kelly Sports! This fast-paced, highly active program is a fantastic introduction to the wonderful world of circus & gymnastics tricks! Colourful ribbons, hula hoops, spinning plates, juggling scarves, diablos, sits, supports, jumps & landings will be sure to improve balance, co-ordination, muscle strength & group dynamics all in a FUN, EXCITING & SAFE environment!

WHEN:	Thursday
WHERE:	St. Monica's PS
COMMENCING:	02/08/18
CONCLUDING:	20/09/18
DURATION:	8 weeks
TIME:	1:45pm - 2:25pm
YEAR LEVELS:	P – 6
COST:	$96 inc GST

GET IN QUICK FOR TERM 3 AS PLACES ARE FILLING FAST!!

****EARLY BIRD SPECIAL OFFER** If you enrol your child in any program before Sunday 8th July you'll receive 1 session FREE!!**

NEW & IMPROVED ONLINE BOOKING SYSTEM!!

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POSTCODE AND ENROL FROM THERE OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARD DETAILS TO:

12 METROPOLITAN DRIVE, EAGLEHAWK VIC 3556

PAYMENT OPTIONS AVALIABLE!

ENROLMENT FORM

☐ **Mega Multi Sports** ☐ **Circus & Gymnastics**

School: _____ Year Level: _____ DOB: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

At the completion of after school clinics, does your child? ☐ **Go to after care** ☐ **Get collected** Photo consent ☐

Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Master card**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ CVV: ☐☐☐

THINGS TO KNOW

Kelly Sports is a Registered Child Care provider
Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports