**Kelly Sports Berwick, Pakenham, Seaford**
P.O. Box 2055, Fountain Gate 3805
**T** **Darren Michelle** 0402 224 116
**F** (03) 8692 6539
**E** darren@kellysports.com.au
**W** www.kellysports.com.au

COME & TRY TERM 1!

# CRANBOURNE PRIMARY

## STUNNING SUMMER **SPORTS!**

**DON'T MISS OUT THIS SUMMER!** Summer Sports allows your child to play a range of dynamic and active sports over the 8 week program; these include **cricket, tennis, soccer, basketball & crazy games!** This **multi-sport program** will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in an enjoyable environment.

*TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!*

| | |
|---|---|
| **WHEN:** | **THURSDAYS** |
| **COMMENCING:** | 08/02/18 – 29/03/18 |
| **PERIOD:** | 8 WEEKS |
| **TIME:** | 3:25pm – 4:25pm |
| **YEAR LEVELS:** | P – 4 |

**COST:** **$10 per week** ($80 based on 8 x $10 sessions)
**VENUE:** CRANBOURNE Primary School

***Please do not leave enrolment from with the school office***

*KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER*

## ONLINE ENROLMENT

**www.kellysports.com.au search 'postcode'**

To **enrol**, please visit www.kellysports.com.au or fill out the below enrolment form & **send** with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC 3805, or **scan to: darren@kellysports.com.au** or **fax** to 8692 6539. **Internet Direct credit available** BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

## ENROLMENT FORM

School: CRANBOURNE Primary 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 Berwick from any liability for injury incurred by my child at Kelly Sports programmes.**

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $_____ Internet Transfer: ☐ Credit card payment: ☐ ( online surcharge applies) Cheque: ☐ Cash: ☐

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

**Winner: 2013 Cardinia Franchisee of the year!** **Winner: 2013/15 Casey Business Awards - Home Based Business!**