

## Kelly Sports Berwick, Pakenham, Seaford

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## **TERM 3** HOME SCHOOL SPORTS HEROES



## **WICKED WINTER SPORTS!**

DON'T MISS OUT THIS WINTER! Winter Sports allows your child to play a range of dynamic and active sports over the 5 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 coordination, all in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!

THURSDAYS WHEN:

26<sup>th</sup> July, 9<sup>th</sup> August, 23<sup>rd</sup> August, 6<sup>th</sup> September, 20<sup>th</sup> September. COMMENCING:

All ages welcome

PERIOD: 5 SESSIONS 11:15AM - 12:15PM YEAR LEVELS:

COST: **\$7 per session + GST** (\$38.50)

UFT CROSSFIT FOUNTAIN GATE 1/7 Len Thomas Place Narre Warren **VENUE:** 



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. www.kellysports.com.au search 'postcode' Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

## **ENROLMENT FORM**

| School: HOMESCH              | HOOL SPORTS HEROES Year Level   | :               |
|------------------------------|---|-----------------|
| Name:                        | Room No:  |                 |
| Address:                     | Post Code   | :               |
| Phone:                       | Mobile/Work:  |                 |
| Email:                       | Medical Conditions:   |                 |
| At the completion of after s | school clinics, does your child? Go to after care Get collected   |                 |
|                              | by authorise Kelly Sports to act on my behalf should my child require medical attention,<br>Sports Berwick from any liability for injury incurred by my child at Kelly Sports program |                 |
| Parent/Caregiver name: _     | Signature:  |                 |
| Amount Paid: \$              | Credit card payment: (1.32% surcharge) Internet Transfer: Chequ   | ue: Cash: Cash: |
| Card Number:                 | Expiry Date   | te:             |

