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

ONLY $10.00 per week!

TERM 3 BEACONSFIELD PRIMARY

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 9 week program; these include **hockey, footy, soccer, netball, 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:	**WEDNESDAYS**
COMMENCING:	22/07/15 - 16/09/15
PERIOD:	9 Weeks ($90)
TIME:	3:40pm – 4:40pm
YEAR LEVELS:	P – 4

HIP HOP HEROES

Over 9 weeks students will have the opportunity to **move, groove, spin and bop** to the sound of hip hop beats alongside our friendly dance instructor. Our Hip Hop classes are high energy, rhythmic and electric. The dance is based on sharp strong movements and the class helps build rhythm, confidence and social skills in a friendly environment.

WHEN:	**TUESDAYS**
COMMENCING:	21/07/15 - 15/09/15
PERIOD:	9 Weeks ($90)
TIME:	3:40pm – 4:40pm
YEAR LEVELS:	P – 4

COST: **$10 per week** ($90 based on 9 x $10 sessions)
VENUE: BEACONSFIELD PRIMARY
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

☐ Wicked Winter Sports! ☐ Hip Hop Heroes!

School: BEACONFIELD PRIMARY_____ 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: $_____ Credit card payment: ☐ (1.32% surcharge) Internet Transfer: ☐ Cheque: ☐ Cash: ☐

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

Winner: 2013 Cardinia Franchisee of the year! **Winner: 2013 Casey Home Based Business**