

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

T (03) 9384 2204

F (03) 9384 2205

E info@kellysports.com.au



Early Bird rate \$9.50 / week, if you enrol by Friday 11th July.

ST SCHOLASTICA'S PS

WICKED WINTER SPORTS



We provide a range of dynamic activities during over **9 weeks.** The program includes **Aussie Rules Footy, Basketball or Netball, "World Cup" Soccer, 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: Tuesday

COMMENCING: 22 July '14

CONCLUDING: 16 Sept '14

TIME: 3.35pm - 4.35pm

YEAR LEVELS: P-4

COST: \$95. Enrol online for \$90 – go to www.kellysports.com.au

Early bird rate of \$85.50, if you enrol online by Friday 11th July.

VENUE: At School. Meet at soccer pitch.



To enrol, please visit www.kellysports.com.au 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.

ENROLMENT FORM

Wicked	Winter Sports (After school))		
School: St Schola	stica's PS			Year Level:
Name:				Room No:
Address:				Post Code:
Phone:		Mobile/Work:		
Email:		_ Medical Conditions / S	pecial Needs:	
At the completion of aft	er school clinics, does your child?	Go to after care Get collected		
Parents' consent				
	ly Sports to act on my behalf shoul incurred by my child at Kelly Sports		cal attention, and re	lease Kelly Sports Burwood from
☐ I authorise the us	e by Kelly Sports of any photograp	hs or video image of my	child or legal charg	e for any reasonable purpose.
Parent/Caregiver name	: . <u></u>		Signature:	
Amount Paid: \$		_ Credit card payment:	☐ Visa ☐ Ma	stercard
Card Number:				Expiry Date: