

Kelly Sports Berwick, Pakenham, Seaford

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ERM 3 LYNDHURST 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, al in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!

WHEN: COMMENCING: PERIOD: TIME: YEAR LEVELS:

TUESDAYS 19/07/16 - 13/09/16 9 Weeks (\$90) 3:40pm - 4:40pm



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: COMMENCING: PERIOD: TIME: YEAR LEVELS:

WEDNESDAYS 20/07/16 - 14/09/16 9 Weeks (\$90) Lunchtime

COST:

\$10 per week (\$90 based on 9 x \$10 sessions)

VENUE: LYNDHURST 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: darren@kellysports.com.au or fax to 8692 6539.

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 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: LYNDHURST PRIMARY	Year Level:
Name:	Room No:
Address:	Post Code:
Phone: Mobile/Work:	
Email: Medical Condition	ons:
At the completion of after school clinics, does your child?	ected
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: (online surcharge applies) Internet Trans	nsfer: Cheque: Cash:
Card Number: Expiry Date:	
Winner: 2013 Cardinia Franchisee of the year!	