Kelly Sports Berwick & Pakenham
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TERM 2!

GOODSTART EARLY LEARNING NARRE WARREN POUND RD NORTH

AWESOME AUTUMN SPORTS!

Kelly Sports runs programs to teach children the fundamentals of sport. This **9 week** program is all-inclusive with high participation. Our key aims are to develop and enhance the following skills – **running, jumping, catching, throwing, passing, kicking and striking.**

The Fundamental Skills Program includes:

- Motor Skill Development
- Balance and Hand- Eye Cordination
- Introduction to a variety of sports (Soccer, Basketball, Cricket, Tennis & more)
- Gymnastics

TERM:	**TERM 2 - 2015**
WHEN:	**THURSDAYS**
DATES:	23/04/15 – 18/06/15
PERIOD:	9 WEEKS
TIME:	10AM – 11AM
YEAR LEVELS:	Kinder

- The Kelly Sports programs are hugely successful with young children all over Australia.
- The program is not only a fantastic way for your child to develop key sporting skills essential for all sports, but also great for their confidence and social skills.
- Our modified sports games provide lots of fun while skills are being developed.

TERM COST:	$7 per week (based on 9x30min sessions - **$63**)
VENUE:	**GOODSTART EARLY LEARNING** – NARRE WARREN POUND ROAD NORTH

ONLINE ENROLMENT
www.kellysports.com.au

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

Centre: **GOODSTART EARLY LEARNING** – NARRE WARREN POUND ROAD NORTH_____ Room: _____

Name: _____ D.O.B: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

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 Casey Business Awards – Category**