Glen Iris Primary

FOOTY FUN!

Come and have some FOOTBALL FUN!
If you haven't played Aussie Rules or Soccer or Touch Rugby yet then it's the perfect chance to give it a go with a few weeks of each sport. If you've already signed up for the season come and learn new skills that will impress your coach and team when you play!
Boys & Girls of all abilities.

WHEN: Thursday
COMMENCING: 22/07/2010
CONCLUDING: 9/09/2010
TIME: 3:35 PM - 4:35 PM
YEAR LEVELS: P - 4

WICKED WINTER SPORTS

DONT MISS OUT THIS WINTER! Wicked Winter Sports allows your child to play range of dynamic and active programs over 8 weeks; these include Soccer, Basketball &/or Netball &/or Hockey &/or T-ball or Crazy Games. 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

WHEN: Wednesday
COMMENCING: 21/07/2010
CONCLUDING: 8/09/2010
TIME: 3:35 PM - 4:35 PM
YEAR LEVELS: P - 4

Kelly Sports is a Registered Child Care provider.

COST: $80 each (early bird rate of $75, if you enrol before 2nd July 2010)
VENUE: At School
MEETING PLACE: Meet at the Rotunda

To enrol, please fill out the enrolment form & send with a cheque or credit card details or pay by Internet Banking: ANZ Bsb 013030 A/c 4936 95452 (please use your child's first, last name & school as reference).
Mail: Kelly Sports BURWOOD, P.O. BOX 254, Bentleigh, VIC 3204 email mlouis@kellysports.com.au
Enrolment forms will not be processed without payment. Please do not leave Enrolment forms at the school office.

ENROLMENT FORM

FOOTY FUN □ WICKED WINTER SPORTS □

School: Glen Iris PS
Name: ................................................................. Room Level: ..................................................
Address: .................................................................................................................. Post Code: ..................................................
Phone: (Home) ...................................................... (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 Burwood from any liability for injury incurred by my child at Kelly Sports programs.
Parent/Caregiver Name: .............................................. Parent/Caregiver Signature: ..........................................
Credit card payment: (Please tick) □ Visa □ Mastercard □
Credit Card Number: .................................................... Expiry Date: ___/___
Amount Paid: $ .................................................................