



HILLCREST PRIMARY SCHOOL ON WEDNESDAY AFTER SCHOOL

Kelly Sports Hamilton, PO Box 617, Hamilton, 3240
Tel: 07 838 8059 Email: waikato@kellysports.co.nz

www.kellysports.co.nz

NEW 6 WEEK PROGRAMME - ONLY \$50 SUPER SUMMER SPORTS

2 weeks of each sport

Athletics – Cricket – Basketball

Children grouped according to age and skill level.

Children get a taste of different sports in a safe and encouraging environment.

Kelly Sports is successful because kids just think it is fun – they do not realise how much they are learning at the same time.

STARTS WEEK 2 OF TERM

WHEN: Wednesday
STARTING: 02/11/2011
FINISHING: 07/12/2011
TIME: 3:10 – 4:10PM

YEAR LEVELS: 0 – 4

COST: \$50.00

MEETING PLACE: Back Field
(Undercover if wet)

If you'd like information about our

HOLIDAY PROGRAMMES

Please phone 838 8059 or
email

waikato@kellysports.co.nz

FREE KELLY SPORTS T-SHIRT

Receive a free Kelly Sports t-shirt at the end of the year if you enrol in two out of three terms in 2011!

To enrol, please fill out the enrolment form & send with a cheque or pay by internet banking:

Kelly Sports Hamilton, PO Box 617, Hamilton, 3240

Internet Banking: 03-0318-0856562-00 (please include your child's first & last name as a reference)

Enrolment forms will not be processed without payment. Do **not** leave enrolment forms at the school office.

KELLY SPORTS SUPER SUMMER SPORTS ENROLMENT FORM

School: HILLCREST PRIMARY SCHOOL

Year Level: _____

Name: _____ Room Number: _____

Address: _____ Post Code: _____

Phone: (Home) _____ (Mobile / Work) _____

Email: _____ Medical Conditions: _____

Parents consent: I hereby authorize Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Hamilton from any liability for injury incurred by my child at Kelly Sports programmes

At the completion of the clinic, does your child? GO TO AFTER SCHOOL CARE GET COLLECTED

Please tick this box if you do NOT want your child's photo used for promotional purposes

Parent/Caregiver Name: _____ Parent/Caregiver Signature: _____

Amount Paid: \$ _____ by internet/cheque/cash/credit card (please circle) Date Paid (if internet): _____

Credit Card Number: _____ Exp Date: _____

Name on card: _____ Visa / Mastercard (Please circle)