



TE RAPA PRIMARY SCHOOL ON FRIDAY AFTER SCHOOL

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

www.kellysports.co.nz

8 WEEK PROGRAMME – ONLY \$75

KELLY SPORTS – OLYMPIC GAMES



Have a go at all of these sports:

Netball – Football – Hockey – Athletics –

Touch Rugby – Basketball – Cricket – Tball

Designed specifically so children can experience a range of sports

Children grouped according to age and skill level

WHEN: Friday
STARTING: 10/02/2012
FINISHING: 30/03/2012
TIME: 3:00 – 4:00PM

YEAR LEVELS: 0 – 4

COST: \$75.00

MEETING PLACE: Field (Hall when wet)

If you'd like information about our

HOLIDAY PROGRAMMES

Please phone 838 8059 or email

waikato@kellysports.co.nz

EARLY BIRD SPECIAL

Send in your enrolment and payment before the start of term
And pay only \$70.00

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 | Fax 838 9911

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 ENROLMENT FORM – TERM 1 2012

School: **TE RAPA 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)