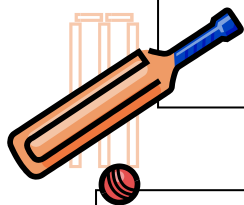




Kelly Sports EAST COAST BAYS

Jeremy Brown, PO Box 301041, Albany. 0752
Tel: (09) 443 0254 Email: jeremyb@kellysports.co.nz



BROWNS BAY SCHOOL

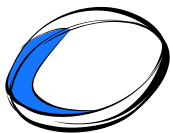


MULTISPORT MADNESS

WHEN: Mondays
COMMENCING: 13/2/2012
CONCLUDING: 19/3/2012
TIME: 3:10 PM - 4:10 PM
YEAR LEVELS: 0 - 4

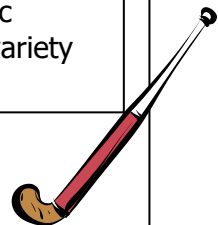
It's Multisport Madness time. Have a go at all these sports:

- Football/Soccer
- Basketball/Netball
- Hockey
- Athletics
- Cricket
- Touch Rugby



Includes modified sports such as 'octopus' and 'monsters' too. The children have heaps of fun learning important basic individual and paired skills, and using these skills in a variety of activities and games based on popular sports.

6 SPORTS OVER 6 WEEKS!



COST: ONLY \$55 FOR 5 WEEKS!

(\$50 Early Bird if paid before 10/2/2012)

VENUE: BROWNS BAY SCHOOL

MEETING PLACE: Netball Courts

If wet weather permits the session will be postponed to later in the term due to having no indoor facilities available.

OTHER KELLY SPORTS SERVICES

If you'd like a brochure or more information on our Sports based

!HOLIDAY PROGRAMME! OR !BIRTHDAY PARTIES!

!ASK ABOUT OUR BRAND NEW KELLY SPORTS BOUNCY CASTLE!

Then contact Jeremy on 027 278 4254 or 09 443 0254 or jeremyb@kellysports.co.nz

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

Kelly Sports, East Coast Bays, PO BOX 301041, Albany 0752

Internet Banking: 01-0194-0334251-00 (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.

ENROLMENT FORM

School:**BROWNS BAY PRIMARY**..... Year Level:D.O.B.....

Name: Room No:

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 East Coast Bays from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver Name: Parent/Caregiver Signature:

Amount Paid: \$By internet/cheque/cash (please circle) Date Paid (if internet):

Please tick if you do not want your child photographed

www.kellysports.co.nz/locations/kelly-sports-east-coast-bays

