



WHEN:  
COMMENCING:  
EXCLUDING:  
PERIOD:  
TIME:  
YEAR LEVELS:

**TUESDAYS**  
14/10/14 - 09/12/14  
Melbourne Cup  
9 Weeks (\$90)  
3:40pm – 4:40pm  
P – 4

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION!



**GET MOVING WITH KELLY DANCE THIS SPRING!** Shake, move & let the beat enter your feet with Kelly Sports Dance. Our fantastic Kelly Sports Dance teachers will get your child's hips swinging, heads bumping, feet rocking & bodies shaking! From **contemporary, jazz to hip-hop and pop**, this program provides something for everyone. Our dance program will build rhythm and confidence!

**WHEN:**  
**COMMENCING:**  
**PERIOD:**  
**TIME:**  
**YEAR LEVELS:**

**WEDNESDAY**  
15/10/14 – 10/12/14  
9 Weeks (\$90)  
Lunchtime  
P – 6

**COST:** \$10 per week ( \$90 DANCE / \$80 SPORTS )

**VENUE:** LYNDHURST PRIMARY

*Please do not leave enrolment from with the school office*

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



**www.kellysports.com.au** search 'postcode'

To **enrol**, please visit [www.kellysports.com.au](http://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](mailto: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

☐ SUPER SPRING Sports!      ☐ Dynamic Dance!

School: LYNDHURST PRIMARY

Name: \_\_\_\_\_ Room No: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 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:   /

