

P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204

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E info@kellysports.com.au



Early Bird rate \$9.50 / week, if you enrol by Friday 26th Sept.

Wednesday WHEN:

COMMENCING: 8 October '14

CONCLUDING: 10 December '14

TIME: 1pm - 1.50pm

YEAR LEVELS: P-6

WHEN: **Tuesday**

COMMENCING: 7 October '14**

CONCLUDING: 16 December '14

3.35pm - 4.35pm TIME:

YEAR LEVELS: P-4

**No session on Cup Day (4th Nov)

ASHBURTON PS

CALISTHENICS!

Experience this unique blend of sport and artistry at your own school. We offer Calisthenics as a sporting option in partnership with Calisthenics Victoria, providing their qualified coaches to deliver high quality programs.

Calisthenics combines the elements of dance and movement including gymnastics, ballet, modern dance, apparatus (rods and flags). Learn routines choreographed to music, so that you can present these routines in front of an audience. Calisthenics encourages physical development, coordination, self-discipline and team spirit.

D CUP CRICKET & SOCCER



LOVE THE WORLD CUP LOOK, NO FURTHER The journey to stardom begins here at the Kelly Sports 10 week World Cup Cricket and Soccer program. Our talented qualified and enthusiastic coaches will have your children kicking goals or hitting 4s in no time, developing skills in passing, dribbling, heading and of course kicking or hitting or bowling their team to glory.

\$100 each. Enrol online - go to www.kellysports.com.au

Early bird rate of \$95, if you enrol online by Friday 26th September.

VENUE: At School, Calisthenics: Hall Cricket /Soccer: Meet at the Rotunda.



To enrol, please visit www.kellysports.com.au or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: ANZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) Mail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au

ENROLMENT FORM

Calisthenics (Lunch time)	World Cup Cricket and So	ccer (After School)
School: Ashburton PS		Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile/Work:	
Email:	Medical Conditions / Special Needs:	
At the completion of after school clinics, does your child?	Go to after care Get collect	ed
Parents' consent		
I hereby authorise Kelly Sports to act on my behalf shany liability for injury incurred by my child at Kelly Sp		d release Kelly Sports Burwood from
☐ I authorise the use by Kelly Sports of any photog	raphs or video image of my child or legal ch	arge for any reasonable purpose.
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa	Mastercard CVV
Card Number:		Expiry Date: