

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

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E info@kellysports.com.au

## **ST JOHN VIANNEY'S PS**

## **HIP HOP DANCE**



Move, groove, spin and bop to the sound of hip hop beats alongside our very experienced dance instructor. You will have a fantastic time learning new moves in our high intensity, excitement-filled dance environment.

## SUPER SUMMER SPORTS

This 7 week program includes Basketball or Netball, "World Cup" Soccer and Cricket, Hockey or T-Ball. Boys & Girls of all abilities welcome.

Our program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN:	Wednesday
COMMENCING:	11 February '15
CONCLUDING:	25 March '15
TIME:	1.35pm – 2.10pm
YEAR LEVELS:	1 – 6
WHEN:	Thursday
COMMENCING:	12 February '15
CONCLUDING.	26 March '15
TIME:	26 March '15 3.20pm – 4.20pm

HUR

UP AND ENROL!

COST: \$70 each. Enrol online - go to www.kellysports.com.au

## VENUE: At School. Hip Hop Dance: Hall Sports: Meet on the Basketball court.

	enrol, please visit <u>www.kellysports.com</u> nd with a cheque or credit card details or <b>NZ Bsb 013 030 A/c 4936 95452</b> (use chi ail to: <b>PO BOX 71, Moonee Vale, VIC 305</b> o not leave enrolment forms at the school	pay by internet banking: ld's first, last name as reference) <b>55</b> . Email <b>info@kellysports.com.au</b>
ENROLMENT FORM		
Hip Hop Dance (Lunch time)	Super Summer Sports (After School)	
School: St John Vianney's PS Name: Address: Phone: Email:	Mobile/Work:	Room No: Post Code:
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 Dingley from any liability for injury incurred by my child at Kelly Sports programmes. I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.		
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa Mas	tercard CVV
Card Number:		Expiry Date: