

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

T (03) 9384 2204

F (03) 9384 2205

E info@kellysports.com.au



ST MARK'S PS

CALISTHENICS!

Experience this unique blend of sport and artistry at your own school. We offer Calisthenics as a sporting option with Calisthenics Victoria qualified coaches delivering 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.

WHEN: **Thursday**

COMMENCING: 23 April '15

CONCLUDING: 25 June '15

1.20 - 2pmTIME:

YEAR LEVELS: P-6

Y. SOCCER & T-BALL



We provide a range of dynamic activities over 10 weeks. 4 weeks each of Footy and Soccer plus T-ball. Boys & Girls of all abilities welcome.

Our talented qualified and enthusiastic coaches will have your children kicking and shooting goals, developing skills in passing, dribbling, heading and helping their team to glory.

WHEN: Friday

COMMENCING: 17 April '15

CONCLUDING: 19 June '15

3.30pm - 4.30pm TIME:

YEAR LEVELS: P-4

\$100 (\$10 p/wk) each. Enrol online – go to www.kellysports.com.au

VENUE: At School. Calisthenics: Hall Footy, Soccer & T-Ball: Meet next to the Prep area.



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 Do not leave enrolment forms at the school office.

ENROLMENT FORM

Calisthenics (Lunch time) Basketball, Footy & Soccer (After School)		(After School)
School: St Mark's 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 collecte	ed
I hereby authorise Kelly Sports to act on my behalf any liability for injury incurred by my child at Kelly S I authorise the use by Kelly Sports of any photo	Sports programmes.	
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa I	Mastercard CVV
Card Number:		Expiry Date: