

3/294 Police Road, Noble Park North

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# ST PETERS PRIMARY SCHOOL



## **SPORTY SPRING FUN**

SOCCER - BASKETBALL/NETBALL- AFL- CRICKET-HOCKEY - CRAZY GAMES

This program is a fantastic way to challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, kicking & throwing. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a FUN and very SAFE environment.

WHEN: TUESDAY
COMMENCING: 09/10/18
CONCLUDING: 11/12/18

**TIME:** 3.35pm – 4.35pm

YEAR LEVELS: P-6

COST: \$118.80 (Including

GST)



#### HIP HOP STREET DANCE

Breaking, Popping and Locking!! Our specialized Dance coaches can get your child's hips swinging, feet rocking and heads bumping to the original street dancing. Street dance is a FUSION of styles that you child can enjoy dancing out to!!!! Sign up fast as places are limited for our program and let our coaches beat, ignite your child's feet!

WHEN: Tuesday
COMMENCING: 09/10/18
CONCLUDING: 11/12/18

TIME: 11am – 11.40am

YEAR LEVELS: P-6

COST: \$118.80 (Including

GST)

### GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST \$118.80 FOR 9 WEEK PROGRAM



#### SIGN UP FAST TO HAVE FUN WHILE LEARNING NEW SKILLS!

SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

3/294 POLICE ROAD, NOBLE PARK NORTH. 3174

PAYMENT OPTIONS AVAILABLE!

### **ENROLMENT FORM**

Sporty Spring Fun	Street Dance	
School:		Year Level:
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 Western Region from any liability for injury incurred by my child at Kelly Sports programs.		
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa Mas	ster card
Card Number:	Expiry	Date: CVV: CVV: