

P.O. Box 71, Moonee Vale 3055
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F (03) 9384 2205
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## **ESSENDON PRIMAY SCHOOL**

## DANCE FUN

Shake, move and let the beat enter your feet with Kelly Sports. Our trained dance coaches can get your child's **hips swinging, heads bumping, feet rocking and bodies shaking** to all of modern contemporary music's classics. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

## NETBALL

Speed, Precision, Athleticism and Fun! Our Netball program is aimed at introducing your child to the skills and game play of this popular sport. It is designed to build and develop the motor skills balance and co – ordination used in this fast paced game. It all takes place in a fun energetic environment. Equipment supplied

## **AWESOME AUTUMN SPORTS**

Don't miss out on this brilliant AUTUMN action, with our Awesome Autumn Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over **10 lively weeks**! These include: **Basketball, Soccer, AFL, Hockey and Crazy Games.** This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

WHEN:

TIME:

COMMENCING:

CONCLUDING:

YEAR LEVELS:

Friday 21/4/2017 23/6/2017 3.40pm – 4.40pm P – 4

Thursday

20/4/2017

22/6/2017

P - 4

3:40 - 4:40pm

COST: \$ 120 VENUE: Essendon Primary School

0			To enrol, please visit http://www.kellysports.com.au
	No. Contraction of the second s	NROLMENT ports.com.au	or fill out the below enrolment form & send with a cheque or credit card details to: <b>PO BOX 71, Moonee Vale VIC 3055</b> . <b>Do not</b> leave enrolment forms at the school office.
		ENROLM	ENT FORM
	Dance Fun	Netball	Awesome Autumn Sports
School:			Year Level:
Name:			Room No:
Address:			Post Code:
Phone:		Mobile/Wo	k:
Email:		Medical Co	nditions:
At the complet	ion of after school clinics, does y	rour child? Go to	after care Get collected
Parents' cons			should my child require medical attention, and release ncurred by my child at Kelly Sports programmes.
Parent/Caregiv	ver name:		Signature:
Amount Paid: S	\$ Direct d	leposit: Bsb: 633 000 Ac	ct: 142172618 Please quote child's surname as reference
Credit card pay	yment:	Visa	Mastercard
Card Number:			

