

P.O. Box 71, Moonee Vale 3055

T (03) 9384 2204

F (03) 9384 2205

E sonya@kellysports.com.au



ST JOHN BOSCOS PRIMAY SCHOOL

MIDYEAR CHEER

Shake your pom pom, move your feet and beat out a cheer with Kelly Sports. Our trained dance coaches will guide your child in all things cheerleading. This fun fast paced program has something for everyone. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

WHEN: Wednesday
COMMENCING: 19/7/2017
CONCLUDING: 20/9/2017
TIME: 1:40 – 2:30pm

YEAR LEVELS: P-4

BASKETBALL

Speed, Precision, Athleticism and Fun! Our Basketball 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

WHEN: Tuesday
COMMENCING: 18/7/2017
CONCLUDING: 19/9/2017
TIME: 3:40 – 4:40pm

YEAR LEVELS: P - 4

WILD WINTER SPORTS

Don't miss out on this brilliant Winter action, with our Wild Winter 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, Hockey, Footy and Mini 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:
 Thursday

 COMMENCING:
 20/7/2017

 CONCLUDING:
 21/9/2017

TIME: 3.40pm – 4.40pm

YEAR LEVELS: P-4

COST: \$ 120

VENUE: St John Bosco's Primary School



To enrol, please visit http://www.kellysports.com.au

or fill out the below enrolment form & send with a cheque or credit card details to:

PO BOX 71, Moonee Vale VIC 3055.

Do not leave enrolment forms at the school office.

ENROLMENT FORM

| Midyear Cheer Ba | sketball V | Wild Winter Sports | |
|---|-------------------------|-----------------------|--------------------------|
| 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 Essendon from any liability for injury incurred by my child at Kelly Sports programmes. | | | |
| Parent/Caregiver name: | | Signature: | |
| Amount Paid: \$ Direct deposit: Bsb: | : 633 000 Acct: 1421726 | 618 Please quote chil | d's surname as reference |
| Credit card payment: | Visa | Mastercard | |
| Card Number: | | | Evniry Date: |