

Kelly Sports Hallam Valley

P.O. Box 332, Hampton Park VIC 3976

- T 0421 643 558
- F (03) 8786 8771
- E andyhoban@kellysports.com.au
- W www.kellysports.com.au



CORAL PARK PRIMARY



WICKED WINTER SPORTS!

DON'T MISS OUT THIS WINTER! Wicked Winter Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include hockey, footy, soccer, netball, basketball & crazy games! This multi-sport program will not only provide an essential base for your child's motor skills, but will also help build confidence and coordination, all in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION

 WHEN:
 TUESDAY

 COMMENCING:
 21st July

 PERIOD:
 9 Weeks

 TIME:
 3.30pm - 4.30pm

YEAR LEVELS: P-4



HIP HOP DANCE!!!

Over 9 weeks students will have the opportunity to **move**, **groove**, **spin** and **bop** to the sound of hip hop beats alongside our friendly dance instructor. Our Hip Hop classes are high energy, rhythmic and electric. The dance is based on sharp strong movements and the class helps build rhythm, confidence and social skills in a friendly environment.

WHEN: WEDNESDAYS
COMMENCING: 22nd July
PERIOD: 9 Weeks

TIME: Lunch Time YEAR LEVELS: P – 6

COST: \$10 per week (\$90 in total based on 9 x \$10 sessions)

VENUE: CORAL PARK PRIMARY SCHOOL

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



ONLINE ENROLMENT

www.kellysports.com.au

To enrol, please visit www.kellysports.com.au, or fill out the below enrolment form & send with a cheque or credit card details to: PO
BOX 332 Hampton Park, VIC 3696, or scan to: andyhoban@kellysports.com.au or fax to 8786 8771. Internet Direct credit available BSB: 063-616 Acct No: 10-485-344 Acct Name: Kelly Sports Hallam Valley

ENROLMENT FORM

| Sports! (After School | l) Hip Hop Dance! (Lunch Time) | |
|--|--------------------------------|------------|
| School: CORAL PARK PRIMARY SCHOOL | Year Leve | l: |
| Name: | DOB: | |
| Address: | | Post Code: |
| Phone: | Mobile/Work: | |
| Email: | | |
| Medical Conditions: | | |
| Parents' consent I hereby authorise Kelly Sporelease Kelly Sports Hallam Valley from any lia | | |
| Parent/Caregiver name: | | |
| Signature: | Amount Paid: \$ | |
| Card p | payment: Visa Mastercard | |