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ONLINE**



## CLIFTON HILL PS

### DANCING DYNAMOS

Over 11 weeks students will have the opportunity to move, groove, spin and slide to the sound of modern beats alongside our very experienced dance instructor. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Check out the routine on our facebook page and book early for this incredibly fun program!

**WHEN**  
**DATES:**  
**TIME:**  
**YEAR LEVELS:**  
**COST:**

**Thursday's**  
**19.4.18 - 28.6.18**  
**Lunchtime**  
**Grades P - 6**  
**\$165 (11 weeks)**

### GAME ON!

This program is new to Kelly Sports in 2018! **Game On!** is all about getting active and moving through general game play. Young children will develop basic motor skills by playing a variety of invasion, evasion, catching, target and striking games while having a blast with their friends.

**WHEN**  
**DATES:**  
**TIME:**  
**YEAR LEVELS:**  
**COST:**

**Thursday's**  
**19.4.18 - 28.6.18**  
**3.30pm - 4.45pm**  
**Grades P - 1**  
**\$165 (11 weeks)**

### AWESOME AUTUMN SPORTS

Kelly Sports is back in Term 2 for Awesome Autumn Sports!! Over 11 weeks your child will participate in range of lively and energetic programs including **AFL, Soccer & Hockey**. This program will improve key sporting skills and help give your kids a Life Long Love of Sports.

**WHEN**  
**DATES:**  
**TIME:**  
**YEAR LEVELS:**  
**COST:**

**Thursday's**  
**19.4.18 - 28.6.18**  
**Lunchtime**  
**Grades 2 - 4**  
**\$165 (11 weeks)**

## EARLY BIRD SPECIAL OF \$143 IF PAID BEFORE MONDAY 16TH APRIL



### HOW TO ENROL

Simply go to [www.kellysports.com.au](http://www.kellysports.com.au) enter your postcode and enrol from there.  
Alternatively you can scan and email this completed form to [shane@kellysports.com.au](mailto:shane@kellysports.com.au) or post to PO Box 8129, Tarneit, 3029

## ENROLMENT FORM

☐ Dancing Dynamos

☐ Game On!

☐ Awesome Autumn Sports

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (Mobile/Work/Home):: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child? (Please Circle) **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 from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_

**Please note that credit card payments attract a processing fee**