



P.O. Box 8129 Tarneit, 3029
T: (03) 9731 6323
M: 0432 522 829
E: shane@kellysports.com.au

**FOLLOW
KELLY
SPORTS
ONLINE**



OAK PARK PS

HIP HOP HEROES

Kelly Sports dance is back for 2017 and it's time to get active with this 7 week **Hip Hop Heroes** program. Learn exciting new dance moves and put it all together into a dance routine to be performed at the end of term. Book early for this incredibly fun program!

WHEN
DATES:
TIME:
YEAR LEVELS:
COST:

Tuesday's
7.2.17 - 28.3.17
Lunchtime
Grades P - 4
\$80 (8 weeks)

GAME ON!

This program is new to Kelly Sports in 2017! **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:
SUGGESTED GRADE:
COST:

Wednesday's
8.2.17 - 29.3.17
3.40pm - 4.40pm
P - 1
\$80 (8 weeks)

SIZZLING SUMMER SPORTS

Kelly Sports is back for 2017 with our **Sizzling Summer Sports** program includes Soccer, Cricket & Basketball! Learn new skills, build awareness, co-ordination and make new friends all in an enjoyable and friendly environment!

WHEN
DATES:
TIME:
SUGGESTED GRADE:
COST:

Wednesday's
8.2.17 - 29.3.17
3.40pm - 4.40pm
2 - 4
\$80 (8 weeks)



EARLY BIRD SPECIAL !

For the 1st time in 7 years we have to raise our prices. Beat the price rise and pay by Monday 16th January 2017 to get Term 1 2017 at 2016 prices!

HOW TO BOOK

You can enrol at www.kellysports.com.au or alternatively you can scan and email this completed form to shane@kellysports.com.au or post to PO Box 8129, Tarneit, 3029

ENROLMENT FORM

☐ Hip Hop Heroes

☐ Game On!

☐ Sizzling Summer 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