

ENROLMENT FORM

STUDENT DETAILS

First Name	Last Name	
School		
Grade	Age	
Address	Suburb	
Country	State	Post Code
Notes		
PARENT/G	GUARDIAN DETAILS	
First Name	Last Name	
Work Phone	Home Phone	Mobile Phone
Email		Send KS Material

TICK DAYS ATTENDING

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1					
WEEK 2					CLOSED

CREDIT CARD DETAILS

Card Type	Visa / Mastercard		
		Name on Card	
Credit Card No.		Signature and Date	
Expiry Date	CVV		

KELLY SPORTS AFTER SCHOOL / LUNCH TIME CLINICS

Your children will have a blast whether they are grooving to the beats in one of our dance classes, working on their balance in gymnastics, scoring a goal or giving it all a go in one of our action packed and exciting multisport programmes.

For more info, go to: www.kellysports.com.au