

ENROLMENT FORM

STUDENT DETAILS

First Name			Last Name		
School					
Grade			Age		
Address			Suburb		
Country	Sta	te		Post Code	
Notes					
PARENT/GUARDIAN DET	AILS				
First Name		La	st Name		
Work Phone	Hor Pho			Mobile Phone	
Email				Send KS Mater	ial
	TICK	DAYS A	ATTENDI	NG	
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dec 19th — 23rd					

	ARD DETAILS 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