



# OAK PARK PS



## STREET DANCE

Street dance is "going old school" with all the hip hop and funky dance styles such as breakdance, popping, locking, hip hop and house dance. A performance will be held for family & friends at the end of term. Book early for this incredibly fun program!

**WHEN:** Tuesday's      **DATES:** 18.7.17 - 19.9.17  
**TIME:** Lunchtime      **YEAR LEVELS:** Grades P - 4  
**COST:** \$120 (10 weeks)



## WICKED WINTER SPORTS

It's Winter and time to get warm! What better time to experience the skills, fun and excitement of Tee Ball, Football & Athletics! Get your friends to join for added fun! Build your skills, awareness, co-ordination and friendship all in an enjoyable environment

**WHEN:** Tuesday's      **DATES:** 18.7.17 - 19.9.17  
**TIME:** 3.30pm - 4.30pm      **YEAR LEVELS:** P - 4  
**COST:** \$120 (10 weeks)

## WE HAVE A NEW PROGRAM! KELLY SPORTS SCHOOL OF DANCE!!

We are excited to announce we have started our very own dance school on Saturdays at Holy Spirit school in Thornbury! This program is open to all students and spaces are limited so act quickly. Check out our website at [www.kellysports.com.au](http://www.kellysports.com.au) for details or email me at [shane@kellysports.com.au](mailto:shane@kellysports.com.au)

## EARLY BIRD SPECIAL OF \$100 IF ENROLLED & PAID BEFORE MON 17TH JULY

(payments received after this date will revert to full price)

To enrol go to [www.kellysports.com.au](http://www.kellysports.com.au) or scan and email this completed form to [shane@kellysports.com.au](mailto:shane@kellysports.com.au)

## ENROLMENT FORM

Street Dance

Wicked Winter 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 programs.

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

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

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

**Please note that credit card payments attract a 2.5% processing fee**