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RICHMOND PS

DANCING DYNAMOS

Over 9 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!

(No session on Queen's B'day)

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.

(No session on Queen's B'day)

AWESOME AUTUMN SPORTS

Kelly Sports is back in Term 2 for Awesome Autumn Sports!! Over 9 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.

(No session on Queen's B'day)

WHEN Monday's

DATES: 24.4.17 - 26.6.17

TIME: Lunchtime

YEAR LEVELS: Grades P - 4 COST: \$108 (9 weeks)

WHEN Monday's

DATES: 24.4.17 - 26.6.17 **TIME:** 3.40pm - 4.40pm **SUGGESTED GRADES:** Grades P - 1

COST: \$108 (9 weeks)

WHEN Monday's

DATES: 24.4.17 - 26.6.17
TIME: 3.40pm - 4.40pm
SUGGESTED GRADES: 2 - 4

\$108 (9 weeks)

EARLY BIRD SPECIAL OF \$95 IF ENROLLED & <u>PAID</u> BEFORE MON 17TH APRIL



HOW TO ENROL

Simply go to 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 or

COST:

ENROLMENT FORM

☐ Dancing D	ynamos ⊔ Gar	ne On! ⊔ A	Awesome	e Autumn Sports	
School:			Yea	r Level:	
Name:					
Address:			Pos	Post Code:	
Phone (Mobile/Work/Home):	·				
Email:					
Medical Conditions:					
At the completion of after sch Parents' consent: I hereby au release Kelly	•	my behalf should my child	require n	nedical attention, and	
Parent/Caregiver name:		Signature: _			
Amount Paid: \$	Credit card payment:	☐ Visa		☐ MasterCard	
Card Number:		Expiry Date:	/	CCV:	