P.O. Box 71, Moonee Vale 3055
T (03) 9384 2204
E mitch@kellysports.com.au

Only $12 per week!

HEIDELBERG PRIMARY SCHOOL

END OF YEAR CHEER

IT'S THE END OF THE YEAR AND IT'S TIME TO CHEER!

Join us in Term 4 for our Cheerleading program for boys and girls. This program will combine both Hip Hop and Cheerleading to create a new and fresh routine. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Book early for this incredibly fun program!

TIME: 1pm – 1.50pm
COST $120 Mon/$108 Tue

YEAR LEAVELS: Prep - 2
WHEN: Monday
COMMENCING: 16/10/17
CONCLUDING: 18/12/17

YEAR LEAVELS: Grade 3 - 6
WHEN: Tuesday
COMMENCING: 17/10/17
CONCLUDING: 19/12/17

SPRING MULTI SPORTS

BASKETBALLL – CRICKET – SOCCER – HOCKEY – CRAZY GAMES

This program is a fantastic way to challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, kicking, throwing and Striking, all within a **FUN** and very **SAFE** environment.

WHEN: Wednesday
COMMENCING: 18/10/17
CONCLUDING: 20/12/17
TIME: 3.30pm – 4.30pm
YEAR LEVELS: P – 4
COST: $120 for 10 weeks

GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST

NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:
PO BOX 71, MOONEE VALE, 3055

PAYMENT OPTIONS AVALIABLE!

ENROLMENT FORM

☐ **Dance (Mondays)** ☐ **Dance (Tuesdays)** ☐ **Mighty Multi Sports (After school)**

School: _____ Year Level: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

At the completion of after school clinics, does your child? ☐ **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 Nth West from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Master card**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ CVV: ☐☐☐

THINGS TO KNOW

Kelly Sports is a Registered Child Care provider
Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports.