

P.O. Box 71, Moonee Vale 3055

T (03) 9384 2204

F (03) 9384 2205

E mitch@kellysports.com.au



HEIDELBERG PRIMARY SCHOOL



OLD SCHOOL AUTUMN

Kelly Sports welcomes STREET DANCE is back in Term 2!

Through out the term students will have the opportunity to move, groove, spin and bop to the sound of some old school classics, alongside our very experienced dance instructor. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. At the end of the term all parents will be invoked to come watch the performance!

TIME: 1pm - 1.50pm \$108 for 9 weeks **COST:**

YEAR LEAVELS: Prep - 2 WHEN: Monday **COMMENCING:** 24/04/17 **CONCLUDING:** 26/06/17

YEAR LEAVELS: Grade 3 - 6 WHEN: Tuesday **COMMENCING:** 02/05/17 **CONCLUDING:** 27/06/17



AWESOME AUTUMN SPORT

SOCCER - HOCKEY - BASKETBALL - AFL - TEAM GAMES

This program is a fantastic way to challenge and improve your child's motor CONCLUDING: 29/06/17 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: 26/04/17**

TIME: 3.40 pm - 4.40 pm

YEAR LEVELS: P-4

\$120 for 10 weeks COST:

GET IN QUICK FOR TERM 2 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)	Awesome Autumn 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 Kelly Sports Nth West from any lie		child require medical attention, and release ny child at Kelly Sports programs.
Parent/Caregiver name:		Signature:
Amount Paid: \$	Credit card payment:	Visa Master card
Card Number:		Expiry Date: CVV: CVV: