 P.O. Box 71, Moonee Vale 3055

**Only $12 per week!**

**T** (03) 9384 2204

**E** chrishoegel@kellysports.com.au

**WATSONIA HEIGHTS PRIMARY SCHOOL**



**GROOVY JAZZ**

**WHEN:** Monday

**COMMENCING:** 08/10/18

**CONCLUDING:** 10/12/18

**TIME:** 1.45pm – 2.30pm

**YEAR LEVELS:** **P – 6**

**COST (INC GST):** $132 for 10 weeks

Groovy Jazz is a new and exciting jazz based routine for term 3. Students will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Our experienced coaches will work through the steps each week, while also incorporating lots of fun dance related games and activities. Sign up fast for this popular program.



**WHEN:** Monday

**COMMENCING:** 08/10/18

**CONCLUDING:** 10/12/18

**TIME:** 3.30pm – 4.30pm

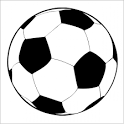
**YEAR LEVELS:** **P – 4**

**COST (INC GTS):** $132 for 10 weeks

**SPRING INTO SPORTS**



**AFL – SOCCER - BASKETBALL - HOCKEY**Start the new school term by enrolling in this fantastic Kelly sports program. Join up with your friends and develop your skills in a fun, safe an exciting sporting environment. With a new sport every 2 weeks the kids will love the variety, and will be able to work on a range wide of sporting skills.



**It’s here online enrolments !**

**To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

**­**

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**SIGN UP ONLINE AT** [**WWW.KELLYSPORTS.COM.AU**](http://WWW.KELLYSPORTS.COM.AU) **OR**

**SEND THIS ENROLMENT FORM TO THE ADDRESS ABOVE**

□**Groovy Jazz** □ **Mighty Multi Sports**

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 Ivanhoe 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:□□□

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