

**. ONE WEEK**

 **FREE**

 **8 Knightsbridge Place, Diamond Creek, 3089**

 **M 0403 121 289**

 **E** michaelhogg@kellysports.com.au

**ST JOHN’S PRIMARY SCHOOL**

**AMAZING AUTUMN SPORTS**



**WHEN:** Friday

**COMMENCING:** 17/04/2015

**CONCLUDING:** 19/06/2015

**TIME:** 3.25pm – 4.25pm

**YEAR LEVELS:** P – 4

DON’T MISS OUT ON THIS HOT CATCH! AMAZING AUTUMN SPORTS allows your child to play a range of dynamic and active programs run over 10 **weeks**; these include: Lots of different community based Sports, Running games and ball based fun games**!** This Program will not only provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship all in an enjoyable environment



**DYNAMIC DANCE**



**WHEN:** Thursday

**COMMENCING:** 16/04/2015

**CONCLUDING:** 18/06/2015

**TIME:** 11.00am – 11.45am

**YEAR LEVELS:** P – 6

LET THE BEAT ENTER YOU FEET! Our specialized Dance coaches can get your child’s hips swinging, feet rocking and heads bumping to all of modern contemporary music’s classics. Sign up fast as places are limited and let our coaches beat; ignite your child’s feet!



**COST: $90** (enrol at **www.kellysports.com.au** & search for your school)

**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

**VENUE: St John’s Primary School**

**­**

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 **ENROLMENT FORM**

□ **Amazing Autumn Sports** (After School) □ **Dynamic Dance** (Lunch time)

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 Plenty Valley from any liability for injury incurred by my child at Kelly Sports programmes.**

Parent/Caregiver name: Signature:

Amount Paid: $ Credit card payment: □ **Visa** □ **Mastercard**

Card Number: □□□□ □□□□ □□□□ □□□□ Expiry Date: □□/□□

CVV Number: □□□

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