

ENROLMENT FORM

STUDENT DETAILS

First Name	e						Last Name					
School												
Grade							Age					
Address							Suburb					
Country					State			Pos	st Code			
Notes												
					out ou	ır prograı	m?					
PARENT	/GUA	RDIAN	I DETA	AILS								
First Name	е						Last Name					
Work Phone					Home Phone		4		Mobile Phone			
Email						Send KS Material						
TICK DA	YS AT	rendi	NG				PRICING					
DAYS	Mon	Tue	Wed	Thurs	Fri	TOTAL	200	2	3	4	5+	TOTAL
WK 1	N/A	N/A				DAYS:	Price per day: \$55	\$110	\$150	n/a	n/a	PRICE:
CREDIT							DIRECT DE		DETAIL			
Card Type	VIS	Visa / Mastercare			d		Franchisee	BSB		Account Number		
_							bank details	6330	00	1220	16876	
Credit Card No.							Name on Card					
Expiry CVV Date					Signature and Date							
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KELLY SPORTS AFTER SCHOOL / LUNCH TIME CLINICS

Your children will have a blast whether they are grooving to the beats in one of our dance classes, working on their balance in gymnastics, scoring a goal or giving it all a go in one of our action packed and exciting multisport programmes.

For more info, go to: www.kellysports.com.au