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# MONTMORENCY PRIMARY SCHOOL



## AWESOME AUTUMN SPORTS

SOCCER – BASKETBALL – AFL – NETBALL – T-BALL

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. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a **FUN** and very **SAFE** environment.

**WHEN:** Thursday

**COMMENCING:** 27/4/17

**CONCLUDING:** 29/6/17

**TIME:** 3.30 pm to 4.30pm

**YEAR LEVELS:** Prep - 4

**COST:** \$120



## DYNAMIC DANCE

LET THE BEAT ENTER YOUR 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.

**WHEN:** Wednesday

**COMMENCING:** 26/4/2017

**CONCLUDING:** 28/6/2017

**TIME:** 1.00pm –2.00pm

**YEAR LEVELS:** P – 4

**GET IN QUICK FOR TERM 2 AS PLACES FILLING FAST**  
**\$120 FOR A 10 WEEK PROGRAM**

### NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://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 AVAILABLE!

## ENROLMENT FORM

Awesome Autumn Sports

Dynamic Dance (Lunchtime)

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 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: