

M: 0417 500 870

E: tim@kellysports.com.au



LUMEN CHRISTI CATHOLIC P.S.

MODERN DANCE



WHEN: Thursday
COMMENCING: 23.4.15
CONCLUDING: 25.6.15

TIME: 3.30pm - 4.30pm
YEAR LEVELS: Prep – Grade 6
COST: \$100 (10 weeks)

Kelly Sports showcases MODERN DANCE in Term 2! Over 10 weeks Students will have the opportunity to learn a number of modern dance moves alongside our very experienced dance instructor. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Check out the routine on our facebook page.



AWESOME AUTUMN SPORTS

WHEN: Wednesday
COMMENCING: 22.4.15
CONCLUDING: 24.6.15
TIME: 3.30pm - 4.30

YEAR LEVELS: Prep – Grade 4 COST: \$100 (10 weeks

Vednesday
22.4.15
24.6.15
3.30pm - 4.30pm
Prep - Grade 4
\$100 (10 weeks)

Kelly Sports is back in Term 2 for a AWESOME AUTUMN
OF SPORTS!! Over 10 weeks your child will
participate in range of lively and energetic programs
including Basketball, Hockey, Circus Skills, Rugby & AFL
Footy. This program will not only improve key
sporting skills but also increase crucial motor skills, all in
a fun, friendly and exciting environment. Enrol them now
and let Kelly Sports give them a Life Long Love of Sports.

Early Bird Special of \$90 If paid prior to Monday 20 April

Like the 'Kelly Sports Wyndham' Facebook page to enter your child into the draw to win a term of free Kelly Sports lessons at your school.

(www.facebook.com/pages/Kelly-Sports-Wyndham/186704608020205?ref=br rs)

CHECK OUT OUR NEW AND IMPROVED ONLINE BOOKING SYSTEM
Simply go to www.kellysports.com.au enter your postcode and enrol from there.
Alternatively you can scan and email this completed form to tim@kellysports.com.au or

ENROLMENT FORM

		Modern Dance		☐ Awes	some Autur	nn Sports	}	
School: Lumen Christi Catholic Primary School (Point Cook)						Year Level:		
Name:						<u> </u>		
Address:						Post Code:		
Phone (Mobile/Work/Hor								
Email:						<u>—</u>		
Medical Conditions:								
At the completion of after Parents' consent: I hereb release K	y autho		o act on m	ny behalf shoul	d my child re	equire med	dical attention, and	
Parent/Caregiver name:				Sig	nature:		_	
Amount Paid: \$								
Card Number:	_/	/	/	Ехрі	ry Date: _	_ /	_ CVV:	

- 1. Kelly Sports is a Registered Childcare Provider. You need to email me for a receipt at the end of term.
- 2. Don't leave this form with the school or coach as it may lead to your child missing out.
- 3. Spaces are limited so please make sure either enrol online or return your form to me
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