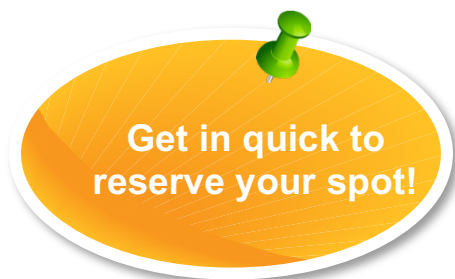




P.O. Box 5185, Pinewood, 3149
T 0437 076 897
E gary@kellysports.com.au



GLENDAL PRIMARY SCHOOL

DANCE p-1

Children have the opportunity to learn a variety of modern Dance steps culminating in a routine performed in front of friends and family. Come and learn exciting dance routines and have fun and laughter with your friends. Easy for all ages and experience to pick up from trained Kelly Sports instructors.

WHEN: Monday
DATES: 7/10/2019- 9/12/2019
TIME: 1.10pm – 2.00pm
YEAR LEVELS: 1-2
COST: \$132

BASKETBALL

Have fun learning how to play Basketball with your friends in the Kelly Sports Basketball Clinic. Learn all the basic skills required to play the game in a safe and challenging environment.

WHEN: Tuesday
DATES: 8/10/2019 - 10/12/2019
TIME: 1.10pm – 2.00pm
YEAR LEVELS: P-4
COST: \$119

DANCE 2-4

Description as per Dance p-1 at the top. This is a session designed for students in 2-4 and is more advanced.

WHEN: Thursday
DATES: 10/10/2019 - 12/12/2019
TIME: 1.10pm – 2.00pm
YEAR LEVELS: 2-4
COST: \$132

MULTI SPORT FUN

Soccer – Cricket – Basketball – Hockey – Crazy Games

Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, cricket, hockey and crazy games. This program will provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship.

WHEN: Tuesday
DATES: 8/10/2019 - 10/12/2019
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P-4
COST: \$119

ONLINE BOOKING SYSTEM!!!

GO TO 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 5185, PINEWOOD, 3149

ENROLMENT FORM

☐ Basketball ☐ Dance p-1 ☐ Dance 2-4 ☐ Multi Sport Fun

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

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 programmes.

☐ I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: \$ _____ Credit card payment: ☐ Visa ☐ Master card

Card Number: Expiry Date: / CVV: