



P.O. Box 5185, Pinewood, 3149
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MITCHAM PRIMARY SCHOOL



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.
 Learn how to play like your heroes and have lots of fun!

WHEN: Monday
COMMENCING: 14/10/19
CONCLUDING: 16/12/19
TIME: 3.20pm – 4.20pm
YEAR LEVELS: P-4
COST: \$119

MULTI SPORT FUN

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, help build awareness, and co-ordination in an enjoyable environment.

WHEN: Monday
COMMENCING: 14/10/19
CONCLUDING: 16/12/19
TIME: 1.20pm – 2.10pm
YEAR LEVELS: P-4
COST: \$119



DANCE

IT'S THE END OF YEAR AND IT'S TIME TO CHEER!

Our specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat ignite your child's feet!

WHEN: Wednesday
COMMENCING: 16/10/19
CONCLUDING: 18/12/19
TIME: 1.20pm – 2.10pm
YEAR LEVELS: P-4
COST: \$132

ONLINE BOOKING SYSTEM!!!

SIMPLY 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, PINWOOD, 3149

Basketball Multi Sport fun Dance

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 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

Mastercard

CVV

Card Number:

Expiry Date:

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