

P.O. Box 5185, Pinewood, 3149 T 0437 076 897

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OLD ORCHARD PRIMARY SCHOOL

| SOCCER | Learn how to play like your heroes and have lots of fun learning all the skills in the game of SOCCER. The Kelly Sports team will teach you all the basic skills in a safe and challenging environment. If you already play soccer this is your chance to take your game to the next level! | WHEN: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST: | Thursday 2/5/19 27/6/19 3.45-4.45pm P – 4 \$140 |
|------------|--|---|--|
| DANCE | 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: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST: | Tuesday 30/4/19 25/6/19 1.00-1.45pm P – 4 \$140 |
| 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. This is a new program, which is incredibly popular at other schools, so don't miss out! | WHEN: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST: | Tuesday 30/4/19 25/6/19 3.45-4.45pm P – 4 \$140 |

ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POST CODE/SCHOOL 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

| Soccer Dance Basketball | | | |
|--|--|---------------------------------------|-------------------------------|
| School: | | | Year Level: |
| Name: | | | Room No: |
| Address: | | | Post Code: |
| Phone: | Mobile/Work: | | |
| Email: | Medica | I 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 o Kelly Sports Blackburn from any liabilit | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| ☐ I authorise the use by Kelly Sports of any photograph | ns or video image of my | child or legal charge | e for any reasonable purpose. |
| Parent/Caregiver name: | | Signature: | |
| Amount Paid: \$ | _ Credit card payment: | Visa Mas | ster card |
| | THINGS TO KNO Sports is a Registered Ch Don't leave forms at the S | ild Care provider | Date: |

Spaces are limited so please make sure you enrol online or return form to Kelly Sports.