

Get in quick to reserve your spot!

Monday

WHEN:

## **GLENDAL PRIMARY SCHOOL**

## DANCE p-1

12/7/21-6/9/21 DATES: Our specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the TIME: 1.10pm - 2.00pm modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat YEAR LEVELS: P-4 COST: ignite your child's feet! \$126 WHEN: Tuesday BASKETBALL DATES: 13/7/21 - 7/9/21 TIME: 1.10pm - 2.00pm Have fun learning how to play Basketball with your friends in the Kelly Sports Basketball Clinic. Learn all the YEAR LEVELS: P-4 basic skills required to play the game in a safe and challenging environment. COST: \$126 **DANCE 2-4** WHEN: Thursday 15/7/21 - 9/9/21 Description as per Dance p-1 at the top. This is a session designed for students in 2-4 and is more advanced. DATES: TIME: 1.10pm – 2.00pm YEAR LEVELS: P-4 **MULTI SPORT FUN** COST: \$126 Soccer - Cricket - Basketball - Hockey - Crazy Games WHEN: Tuesday 13/7/21 - 7/9/21 DATES: Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; TIME: 3.40pm - 4.40pm YEAR LEVELS: P-4 sports covered include soccer, basketball, cricket, hockey and crazy games. This program will provide an essential base for **COST:** \$126 your child's motor skills and help build awareness, co-ordination and friendship.

|   | 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<br>any liability for injury incurred by my child at Kelly Sports programmes. |                                  |             |  |  |
| Parent/Caregiver name:  | Signature:                       |             |  |  |
| Amount Paid: \$   | _ Credit card payment: Visa Mast | ter card    |  |  |
| Card Number:  |                                  | Date:       |  |  |