



P.O. Box 5185, Pinewood, 3149
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Get in quick to avoid disappointment!

ST FRANCIS XAVIER PRIMARY SCHOOL

ONLINE BOOKING SYSTEM!!!

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,
PINWOOD, 3149**

SOCCER

Messi.. Ronaldo...insert your name here...

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.

WHEN: Tuesday
COMMENCING: 15/10/19
CONCLUDING: 17/12/19
TIME: 3.40pm – 5.10pm
YEAR LEVELS: P – 4
COST: \$158

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: Wednesday
COMMENCING: 16/10/19
CONCLUDING: 11/12/19
TIME: 3.40pm – 5.10pm
YEAR LEVELS: P – 4
COST: \$158

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: Friday
COMMENCING: 18/10/19
CONCLUDING: 13/12/19
TIME: 1.40-2.30pm
YEAR LEVELS: P – 4
COST: \$119

ENROLMENT FORM

☐ Soccer

☐ Basketball

☐ 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

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: