

P.O. Box 5185, Pinewood, 3149

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## **BLACKBURN PRIMARY SCHOOL**

**BASKETBALL** 

Have fun learning how to play Basketball with your friends in the Kelly Sports 9 week 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 learning all the skills in the game of

Basketball.

**DANCE** 

Children have the opportunity to learn a variety of modern and traditional Dance steps culminating in a routine performed in front of the class. Come and learn fun dance routines and have fun and laughter with your friends. Easy for all ages and experience to pick

up from trained Kelly Sports instructors.

SOCCER

Messi...Ronaldo...insert your child's name here next! Join the soccer program to learn all there is to know about soccer. Our term long program will have your child dribbling, trapping, passing and scoring in a fun, game-based environment that will work for all abilities.

WHEN: Wednesday **COMMENCING:** 20/7/16 **CONCLUDING:** 14/9/16

TIME: 3.40pm - 4.40pm

YEAR LEVELS: P-4COST: \$90

WHEN: Thursday COMMENCING: 21/7/16 **CONCLUDING:** 15/9/16

TIME: 1.30pm - 2.30pm

YEAR LEVELS: P-4\$90 COST:

WHEN: Monday **COMMENCING:** 18/7/16 12/9/16 **CONCLUDING:** 

TIME: 3.40 pm - 4.40 pm

YEAR LEVELS: P-4**COST:** \$90



**NEW IMPROVED 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, PINEWOOD, 3149** 

## **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		
Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Blackburn from any liability for injury incurred by my child at Kelly Sports programs.		
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment:	ter card
Card Number:	Expiry I	Date: CVV: CVV: