 P.O. Box 5185, Pinewood, 3149

**JUST $10 PER**

**WEEK**

 **T** 0437 076 897

 **E** gary@kellysports.com.au

**GLEN WAVERLEY PRIMARY SCHOOL**

Join the AFL program for a fantastic introduction into Melbourne’s favourite game. Kids will love to play like the stars of today, learning all parts of the game in a vibrant environment.

**WHEN:** Tuesday

**COMMENCING:** 19/7/16

**CONCLUDING:** 13/9/16

**TIME:** 3.40pm – 4.40pm

**YEAR LEVELS:** P – 4

**COST:** $90

**AFL**



**WHEN:** Monday

**COMMENCING:** 18/7/16

**CONCLUDING:** 12/9/16

**TIME:** 3.40pm –4.40pm

**YEAR LEVELS:** P – 4

**COST:** $90

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 learning all the skills in the game of Basketball.

**BASKETBALL**

**GYM CLUB**



NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://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**

**­**

**It’s here online enrolments !**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

 **ENROLMENT FORM**

□ **AFL** □ **BASKETBALL**

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: □ **Visa** □ **Master card**

Card Number: □□□□ □□□□ □□□□ □□□□Expiry Date: □□/□□CVV:□□□

**THINGS TO KNOW**

Kelly Sports is a Registered Child Care provider

Don’t leave forms at the School Office

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

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