



BLACKBURN PRIMARY SCHOOL

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.

Learn how to play like your heroes and have lots of fun learning all the skills in the game of Basketball.

WHEN: Wednesday
COMMENCING: 8/2/17
CONCLUDING: 29/3/17
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 5
COST: \$96

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.

WHEN: Thursday
COMMENCING: 9/2/17
CONCLUDING: 30/3/17
TIME: 12.50pm – 1.50pm
YEAR LEVELS: P – 4
COST: \$96

CRICKET

Learn how to play like your heroes and have lots of fun learning all the skills in the game of Cricket. The Kelly Sports team will teach you all the basic skills in a safe and challenging environment.

If you already play cricket this is your chance to take your game to the next level.

WHEN: Monday
COMMENCING: 13/2/17
CONCLUDING: 27/3/17
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4
COST: \$72

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,
PINWOOD, 3149**

ENROLMENT FORM

☐ Basketball

☐ Dance

☐ Cricket

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: