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BLACKBURN PRIMARY SCHOOL

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

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: 26/7/17 CONCLUDING: 20/9/17

TIME: 3.40pm – 4.40pm

YEAR LEVELS: P-5 COST: \$108

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: 27/4/17 CONCLUDING: 21/9/17

TIME: 12.50pm – 1.50pm

YEAR LEVELS: P-4 COST: \$108

AFL

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

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

WHEN: Monday COMMENCING: 24/7/17 CONCLUDING: 18/9/17

TIME: 3.40pm – 4.40pm

YEAR LEVELS: P-4 COST: \$108

ENROLMENT FORM

☐ Basketball	Dance	AFL
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 Templestowe 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 Mas	ter card
Card Number:	Expiry	Date: CVV: CVV: