

P.O. Box 5185, Pinewood, 3149 T 0437 076 897

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MITCHAM 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. NOTE NO SESSION MON 6/11



GYM CLUB

This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastics. Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities. NOTE NO SESSION MON 6/11



END OF YEAR CHEER

IT'S THE END OF THE YEAR AND IT'S TIME TO CHEER! Join us for our Cheerleading program for boys and girls as the kids learn weekly moves and learn a routine to perform at the end of the year.

Book early for this incredibly fun program!

BOOK BEFORE 20/10/17 FOR OUR EARLY BIRD RATE!!!

WHEN:	Monday	
COMMENCING:	16/10/17	
CONCLUDING:	18/12/17	
TIME:	3.20pm – 4.20pm	
COST:	\$108 (only \$96 if	
booked before 20/10)		

 WHEN:
 Monday

 COMMENCING:
 16/10/17

 CONCLUDING:
 18/12/17

 TIME:
 1.20-2.10pm

 COST:
 \$108 (only \$96 if booked before 20/10)

WHEN:	Wednesday	
COMMENCING:	18/10/17	
CONCLUDING:	20/12/17	
TIME:	1.20-2.10pm	
COST:	\$120 (only \$108 if	
booked before 20/10		

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

PO BOX 5185. PINEWOOD, 3149

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 shou any liability for injury incurred by my child at Kelly Sport I authorise the use by Kelly Sports of any photograp	ts programmes.	
Parent/Caregiver name:	Signature:	
Amount Paid: \$ Credit card payment:	Visa Mastercard CVV	
Card Number:		Expiry Date: