

E gary@kellysports.com.au

Get in quick to reserve your spot!

**COMMENCING: 17/7/18** 

**COMMENCING:** 19/7/18

**CONCLUDING:** 13/9/18

**COMMENCING:** 17/7/18 **CONCLUDING:** 11/9/18

YEAR LEVELS: P-4

YEAR LEVELS: P-4

CONCLUDING:

YEAR LEVELS: P-4

Tuesday

11/9/18

\$108

\$108

\$108

Tuesday

Thursday

1.10pm - 2.00pm

1.10pm - 2.00pm

3.40pm - 4.40pm

WHEN:

TIME:

**COST:** 

WHEN:

TIME:

COST:

WHEN:

TIME:

COST:

# **GLENDAL 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.

# 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.

# **MULTI SPORT FUN**

Soccer – AFL – E	Basketball – Hocke	y – Crazy Games
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Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, cricket, hockey and crazy games. This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.

#### ONLINE BOOKING SYSTEM!!!

GO TO <u>WWW.KELLYSPORTS.COM.AU</u> 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**

Basketball Dance	Multi Sport Fun	
School:		Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile/Work:	
Email:	Medical Conditions:	
At the completion of after school clinics, doe	es your child? Go to after care Ge	et collected
any liability for injury incurred by my chi	my behalf should my child require medical atten ild at Kelly Sports programmes. If any photographs or video image of my child or	
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment:	sa 🔲 Master card
Card Number:		Expiry Date: