

P.O. Box 5185, Pinewood, 3149

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GLENDAL PRIMARY SCHOOL

DANCE p-1

Children have the opportunity to learn a variety of modern Dance steps culminating in a routine performed in front of friends and family. Come and learn exciting dance routines and have fun and laughter with your friends. Easy for all ages and experience to pick up from trained Kelly Sports instructors.

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 2-4

Description as per Dance p-1 at the top. This is a session designed for students in p-4 and is more advanced.

WHEN: Monday

DATES: 29/4/2019 - 24/6/2019 **TIME:** 1.10pm - 2.00pm

YEAR LEVELS: P-4

COST: \$119

WHEN: Tuesday

DATES: 30/4/2019 - 25/6/2019 **TIME:** 1.10pm - 2.00pm

YEAR LEVELS: P-4 COST: \$119

WHEN: Thursday

DATES: 2/5/2019 - 27/6/2019 **TIME:** 1.10pm - 2.00pm

YEAR LEVELS: P-4 COST: \$119

MULTI SPORT FUN

Soccer - Cricket - Basketball - Hockey - Crazy Games

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 provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship.

WHEN: Tuesday

DATES: 30/4/2019 - 25/6/2019

TIME: 3.40pm – 4.40pm

YEAR LEVELS: P-4 COST: \$119

ONLINE BOOKING SYSTEM!!!

GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE.

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FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 5185, PINEWOOD, 3149

ENROLMENT FORM

☐ Basketball ☐ Danc	e p-1 Dance 2-4 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	s, does your child? Go to after care Get	t collected
any liability for injury incurred by my	et on my behalf should my child require medical attent y child at Kelly Sports programmes. rts of any photographs or video image of my child or	
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Vis	Master card
Card Number:		Expiry Date: CVV: