

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

E gary@kellysports.com.au

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!

MULTI SPORT FUN

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, help build awareness, and co-ordination in an enjoyable environment.



DANCE

Children have the opportunity to learn a variety of modern 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.

EARLY BIRD DISCOUNT APPLIES FOR BASKETBALL AND MULTISPORT PROGRAM

WHEN:	Monday
COMMENCING:	4/2/19
CONCLUDING:	1/4/19
TIME:	3.20pm – 4.20pm
YEAR LEVELS:	P-4
COST:	\$106 (\$93 if you
enrol before 1/2/19)	

WHEN:	Monday
COMMENCING:	4/2/19
CONCLUDING:	1/4/19
TIME:	1.20pm – 2.10pm
YEAR LEVELS:	P-4
COST:	\$106 (\$93 if you
enrol before 1/2/19)	

WHEN: COMMENCING: CONCLUDING: CONCLUDING: CONCLUDING: CONCLUDING: CONCLUDING: CONCLUS: CONCLU

Wednesday 6/2/19 3/4/19 1.20pm – 2.10pm P-4 \$119

ONLINE BOOKING SYSTEM!!!

SIMPLY 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**

Basketball Multi Sport fun Dance	
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	
any liability for injury incurred by my child at Kelly Sports	
☐ I authorise the use by Kelly Sports of any photograph	s or video image of my child or legal charge for any reasonable purpose.
Parent/Caregiver name: S	Signature:
Amount Paid: \$ Credit card payment:	Visa Mastercard CVV
Card Number:	Expiry Date: