P.O. Box 71, Moonee Vale 3055
T (03) 9384 2204
F (03) 9384 2205
E sonya@kellysports.com.au

Book early to Secure your Place

ST JOHN BOSCOS PRIMAY SCHOOL

DANCE FUN

Shake, move and let the beat enter your feet with Kelly Sports. Our trained dance coaches can get your child's **hips swinging, heads bumping, feet rocking and bodies shaking** to all of modern contemporary music's classics. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

WHEN: Tuesday
COMMENCING: 4/10/2016
CONCLUDING: 13/12/2016
TIME: 1:40 – 2:30pm
YEAR LEVELS: P – 4

ATHLETICS

Speed, Precision, Athleticism and Fun! Our Athletics program is a great way to introduce your child to sport. Athletics activity develops co-ordination, flexibility, speed, endurance and strength through walking, running, throwing and jumping. Winning is not everything at Kelly Sports Athletics. The main emphasis is on participation, fun, fitness and striving to improve your own performance. Equipment supplied

WHEN: Tuesday
COMMENCING: 4/10/2016
CONCLUDING: 13/12/2016
TIME: 3:40 – 4:40pm
YEAR LEVELS: P - 4

SUPER SPRING SPORTS

Don't miss out on this brilliant Spring action, with our Super Spring Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over **10 lively weeks**! These include: **Basketball, Soccer, T ball, Cricket and Crazy Games.** This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment

WHEN: Thursday
COMMENCING: 6/10/2016
CONCLUDING: 8/12/2016
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4

COST: $ 120
VENUE: St John Bosco's Primary School

ONLINE ENROLMENT
www.kellysports.com.au

To enrol, please visit http://www.kellysports.com.au
or fill out the below enrolment form & send with a cheque or credit card details to:
PO BOX 71, Moonee Vale VIC 3055.
Do not leave enrolment forms at the school office.

ENROLMENT FORM

☐ **Dance Fun** ☐ **Athletics** ☐ **Super Spring Sports**

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 should my child require medical attention, and release Kelly Sports Essendon from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ **Direct deposit**: Bsb: 633 000 Acct: 142172618 Please quote child's surname as reference

Credit card payment: ☐ **Visa** ☐ **Mastercard**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐