

P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204

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E info@kellysports.com.au



Early Bird rate \$9.50 / week, if you enrol by Friday 11th July.

Monday WHEN:

COMMENCING: 21 July '14

CONCLUDING: 15 Sept '14

1.45 - 2.30 pmTIME:

YEAR LEVELS: P-6

ST MICHAEL'S PS

CHEERLEADING / Dance



Experience this unique blend of sport and fitness at your own school. Our CHEERLEADING / Dance sessions will give children coaching in the exciting aspects of Cheerleading, including tumbling, stunting, basic gym floor moves, dance and jumps. Participants develop an appreciation for music, dance /movement, acting, strength, flexibility and performance skills. All coaches are certified. This program also encourages physical development, coordination, self-discipline and team spirit.

WORLD CUP SOCCER



LOVE THE WORLD CUP LOOK NO FURTHER The journey to stardom begins here at the Kelly Sports 9 week World Cup Soccer. Our talented qualified and enthusiastic coaches will have your children kicking goals in no time, developing skills in passing, dribbling, heading and of course kicking their team to glory.

Thursday WHEN:

COMMENCING: 24 July '14

CONCLUDING: 18 Sept '14

1.45 - 2.30 pm TIME:

YEAR LEVELS: P-4

\$95 each. Enrol online for \$90 - go to www.kellysports.com.au Early bird rate of \$85.50, if you enrol online by Friday 11th July.

VENUE: At School. Cheerleading / Dance: Hall Soccer: Meet on tennis courts.



Cheerleading /Dance (Lunch time)

To enrol, please visit www.kellysports.com.au or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: ANZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) Mail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au

ENROLMENT FORM

World Cup Soccer (Lunch time)

School:	St Michael's PS	Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile	Work:
Email:	Medica	al Conditions / Special Needs:
At the completion of after school clinics, does your child?		o to after care Get collected
Parents'	consent	
	authorise Kelly Sports to act on my behalf should my chil lity for injury incurred by my child at Kelly Sports progran	d require medical attention, and release Kelly Sports Burwood from nmes.
		eo image of my child or legal charge for any reasonable purpose.
Parent/Ca	aregiver name:	Signature:
Amount F	Paid: \$ Credit	card payment: Visa Mastercard
Card Nui	mber:	Expiry Date: