

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

ST JOHN BOSCOS PRIMAY SCHOOL

Book early to

Secure your

Place

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.

COMMENCING: CONCLUDING: TIME: YEAR LEVELS: Tuesday 7/2/2017 28/3/2017 1:40 - 2:30pm 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:
 Tut

 COMMENCING:
 7/2

 CONCLUDING:
 28/

 TIME:
 3:4

 YEAR LEVELS:
 P

Tuesday 7/2/2017 28/3/2017 3:40 - 4:40pm P - 4

SENSATIONAL SUMMER SPORTS

Don't miss out on this brilliant SUMMER action, with our Sensational Summer Sports. This program allows your child to experience a fun, energetic and highly active multisport program over **8 lively weeks**! These include: **Basketball, Soccer, 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

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

Thursday 9/2/2017 30/3/2017 3.40pm - 4.40pm P - 4

COST:\$ 96VENUE:St John Bosco's Primary School

	ONLINE EN www.kellyspo		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	Sensational Summer Sports	
School:			Year Level:	
Name:			Room No:	
Address: _			Post Code:	
Phone:	Phone: Mobile/Work:			
Email:		Medical Co	nditions:	
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	I payment:	Visa	Mastercard	
Card Numl	ber:		Expiry Date:	