



P.O. Box 8129 Tarneit, 3029  
 T: (03) 9731 6323  
 M: 0432 522 829  
 E: [shane@kellysports.com.au](mailto:shane@kellysports.com.au)



# CLIFTON HILL PS

## DANCING DYNAMOS

Over 11 weeks students will have the opportunity to move, groove, spin and slide to the sound of modern beats alongside our very experienced dance instructor. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment. Check out the routine on our facebook page and book early for this incredibly fun program!

**WHEN** Thursday's  
**DATES:** 14.4.16 - 23.6.16  
**TIME:** Lunchtime  
**YEAR LEVELS:** Grades P - 4  
**COST:** \$110 (11 weeks)

## GAME ON!

This program is new to Kelly Sports in 2016! **Game On!** is all about getting active and moving through general game play. Young children will develop basic motor skills by playing a variety of invasion, evasion, catching, target and striking games while having a blast with their friends.

**WHEN** Thursday's  
**DATES:** 14.4.16 - 23.6.16  
**TIME:** 3.40pm - 4.40pm  
**SUGGESTED GRADES:** Grades P - 1  
**COST:** \$110 (11 weeks)

## AWESOME AUTUMN SPORTS

Kelly Sports is back in Term 2 for Awesome Autumn Sports!! Over 11 weeks your child will participate in range of lively and energetic programs including **AFL, Soccer & Hockey**. This program will improve key sporting skills and help give your kids a Life Long Love of Sports.

**WHEN** Thursday's  
**DATES:** 14.4.16 - 23.6.16  
**TIME:** 3.40pm - 4.40pm  
**SUGGESTED GRADES:** Grades 2 - 4  
**COST:** \$110 (110 weeks)

**EARLY BIRD SPECIAL OF \$100 IF ENROLLED & PAID BEFORE MON 11TH APRIL**



### HOW TO ENROL

Simply go to [www.kellysports.com.au](http://www.kellysports.com.au) enter your postcode and enrol from there. Alternatively you can scan and email this completed form to [shane@kellysports.com.au](mailto:shane@kellysports.com.au) or

## ENROLMENT FORM

Dancing Dynamos       Game On!       Awesome Autumn Sports

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (Mobile/Work/Home):: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child? (Please Circle) **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 from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment:  Visa       MasterCard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_