

ENROLMENT FORM

STUDENT DETAILS

First Name		Last Name	
School			
Grade		Age	
Address		Suburb	
Country	State		Post Code
Notes			
PARENT/GUARDIAN D	PETAILS		
First Name		Last Name	
Work Phone	Home Phone		Mobile Phone
Email			Send KS Material

TICK DAYS ATTENDING

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1		CLOSED			
WEEK 2		CLOSED			

CREDIT CARD DETAILS

The state of the s	Visa / Mastercard		
		Name on Card	
Credit Card No.		Signature and Date	
Expiry Date	CVV		

KELLY SPORTS AFTER SCHOOL / LUNCH TIME CLINICS

Your children will have a blast whether they are grooving to the beats in one of our dance classes, working on their balance in gymnastics, scoring a goal or giving it all a go in one of our action packed and exciting multisport programmes.

For more info, go to: www.kellysports.com.au