P.O. Box 5185, Pinewood, 3149
T 0437 076 897
E gary@kellysports.com.au

Get in quick to reserve your spot!

# GLENDAL PRIMARY SCHOOL

## DANCE p-1

IT'S THE END OF YEAR AND IT'S TIME TO CHEER! Our specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat ignite your child's feet!

**WHEN:** Monday
**DATES:** 3/2/2020- 16/3/2020
**TIME:** 1.10pm – 2.00pm
**YEAR LEVELS:** P-4
**COST:** $84

## BASKETBALL

Have fun learning how to play Basketball with your friends in the Kelly Sports Basketball Clinic. Learn all the basic skills required to play the game in a safe and challenging environment.

**WHEN:** Tuesday
**DATES:** 4/2/2020 - 17/3/2020
**TIME:** 1.10pm – 2.00pm
**YEAR LEVELS:** P-4
**COST:** $98

## DANCE 2-4

Description as per Dance p-1 at the top. This is a session designed for students in 2-4 and is more advanced.

**WHEN:** Thursday
**DATES:** 30/1/2020 - 19/3/2020
**TIME:** 1.10pm – 2.00pm
**YEAR LEVELS:** P-4
**COST:** $112

## MULTI SPORT FUN

**Soccer – Cricket – Basketball – Hockey – Crazy Games**

Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, cricket, hockey and crazy games. This program will provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship.

**WHEN:** Tuesday
**DATES:** 4/2/2020 - 17/3/2020
**TIME:** 3.40pm – 4.40pm
**YEAR LEVELS:** P-4
**COST:** $98

ONLINE BOOKING SYSTEM!!!
GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POST CODE AND ENROL FROM THERE.
OR
FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:
**PO BOX 5185, PINEWOOD, 3149**

## ENROLMENT FORM

☐ **Basketball** ☐ **Dance p-1** ☐ **Dance 2-4** ☐ **Multi Sport Fun**

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**

**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.**

☐ **I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.**

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Master card**

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