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LYNDHURST PRIMARY SCHOOL



WILD SPRING SPORTS

SOCCER - BASKETBALL- CRICKET- HOCKEY - CRAZY GAMES

This program is a fantastic way to challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, kicking & throwing. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a FUN and very SAFE environment.

WHEN: TUESDAY
COMMENCING: 16/10/18
CONCLUDING: 18/12/18

TIME: 3.40pm – 4.40pm

YEAR LEVELS: P-4

COST: \$99.00(Including

GST)



GROOVY JAZZ DANCE

Breaking, Popping and Locking!! Our specialized Dance coaches can get your child's hips swinging, feet rocking and heads bumping to the original street dancing. Groovy Jazz is a FUSION of styles that you child can enjoy dancing out to!!!! Sign up fast as places are limited for our program and let our coaches beat, ignite your child's feet!

WHEN: WEDNESDAY
COMMENCING: 17/10/19
CONCLUDING: 12/12/18
TIME: 12.50pm-1.40

YEAR LEVELS: P-4

COST: \$99.00 (Including

GST)

GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST \$99.00 FOR 9 WEEK PROGRAM



SIGN UP FAST TO HAVE FUN WHILE LEARNING NEW SKILLS!

SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

P.O BOX 28 CRANBOURNE 3977

PAYMENT OPTIONS AVAILABLE!

ENROLMENT FORM

| Wicked Winter Sports | Groovy Jazz |
|---|---------------------------------------|
| 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 |
| Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Western Region from any liability for injury incurred by my child at Kelly Sports programs. | |
| Parent/Caregiver name: | Signature: |
| Amount Paid: \$ | Credit card payment: Visa Master card |
| Card Number: | Expiry Date: CVV: C |