PO BOX 28 Cranbourne 3977
T 0430 580 788

Phone 0430 580 788

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LYNDHURST PRIMARY SCHOOL

WILD AUTUMN SPORTS

SOCCER – BASKETBALL- AFL- 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: 30/4/19
CONCLUDING: 25/6/19
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4
COST: $108.00(Including GST)

JAZZ FUNK DANCE

Breaking, Popping and Locking!! Our specialized Dance coaches can get your child's hips swinging, feet rocking and heads bumping to the original Jazz Funk dancing. Jazz Funk 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: 1/5/19
CONCLUDING: 26/6/19
TIME: 12.50pm-1.40
YEAR LEVELS: P – 4
COST: $108.00(Including GST)

GET IN QUICK FOR TERM 2 AS PLACES FILLING FAST
$108.00 FOR 9 WEEK PROGRAM

SIGN UP FAST TO HAVE FUN WHILE LEARNING NEW SKILLS!
SIMPLY 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:
P.O BOX 28 CRANBOURNE 3977
PAYMENT OPTIONS AVAILABLE!

ENROLMENT FORM

☐ **Wild Autumn Sports** ☐ **Jazz Funk Dance**

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: ☐☐☐

THINGS TO KNOW

Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports.