



WINTER HOLIDAY PROGRAM



Sports orientated holiday program designed to emphasise fun, enjoyment, confidence and skills with maximum participation. Children require a packed lunch, drink bottle & hat. Quiet, restful activities also provided.

Suitable for both GIRLS and BOYS Kelly Sports is a registered childcare provider.

VENUE: Berwick Chase Primary School GYM, 51 Bridgewater Blvd Berwick, enter via Viewgrand Dr.

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

Term 2 Holidays
 Monday 29th June
 Friday 10th July
 8:30am – 4:30pm
 All ages

Mon 29 th 8.30am-4.30pm	CRICKET	Soccer	Football	Netball	Hip Hop
Tue 30 th 8.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
Wed 1 st 8.30am-4.30pm	TENNIS	Hip Hop	Soccer	Basketball	CRICKET
Thu 2 nd 8.30am-4.30pm	Soccer	Tennis	Volleyball	Dance	Basketball
Fri 3 rd 8.30am-4.30pm	Basketball	Hip Hop	Football	TENNIS	CRICKET

WEEK 1

Mon 6 th 8.30am-4.30pm	Soccer	Basketball	Hip Hop	Hockey	TENNIS
Tue 7 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Hip Hop
Wed 8 th 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	Tennis
Thu 9 th 8.30am-4.30pm	Soccer	Athletics	Hip Hop	Football	Basketball
Fri 10 th 8.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer

WEEK 2

ONLINE ENROLMENT

www.kellysports.com.au/events
 search holiday program postcode 3806

To enrol, please visit www.kellysports.com.au or fill out the below enrolment form & send to: PO BOX 2055, Fountain Gate VIC 3805, or scan to: darren@kellysports.com.au or fax to 03 8692 6539. Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

ENROLMENT FORM

W1: Mon 29th Tue 30th Wed 1st Thu 2nd Fri 3rd

W2: Mon 6th Tue 7th Wed 8th Thu 9th Fri 10th

Name: _____ DOB: _____ Grade: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

Parents' consent I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Berwick from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____ Amount Paid: \$ _____

Card: Exp / (online surcharge applies) Internet Transfer: Cash: Cheque:



Winner: 2013 Cardinia Franchisee of the year!



Winner: 2013 Casey Home Based Business Awards!