



SPRING 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. Craft table and restful activities also provided.

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

SPRING holidays
MONDAY 19th Sep
THURSDAY 29th Sept
8.30am – 4.30pm
All ages

Suitable for both GIRLS and BOYS

Kelly Sports is a registered childcare provider

VENUE: Berwick Chase Primary School Hall, 72 Viewgrand Dr Berwick

Mon 19 th 8.30am-4.30pm	Football	Soccer	Gym	Dance	Volleyball
Tue 20 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Hip Hop	Touch Rugby
Wed 21 st 8.30am-4.30pm	Football	Netball	Soccer	Basketball	Gym
Thu 22 nd 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Dance
Fri 23 rd 8.30am-4.30pm	Football	Basketball	Soccer	Hip Hop	Netball

WEEK 1

Mon 26 th 8.30am-4.30pm	Netball	Football	Dance	Basketball	Soccer
Tue 27 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 28 th 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Football	CRICKET
Thu 29 th 8.30am-4.30pm	Grand Final Footy Games!	Grand Final Footy Games!	<u>Wear your footy gear!</u>	Grand Final Footy Games!	Grand Final Footy Games!
	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY

WEEK 2

COST: \$40 p/day (Kelly Sports is a registered childcare provider)

ONLINE ENROLMENT
www.kellysports.com.au

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** BSB: 083-214 Acct No: 15-985-2563 Acc Name: Kelly Sports Berwick

ENROLMENT FORM

Week 1: Mon 19th Tue 20th Wed 21st Thu 22nd Fri 23rd Week 2: Mon 26th Tue 27th Wed 28th Thu 29th (Footy Day)

Name: _____ DOB: _____

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: \$ _____

Internet: Cash: Card payment: Exp /