Kelly Sports - Berwick & Pakenham
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2 WEEKS OF FUN these SCHOOL HOLIDAYS!

SPRING HOLIDAY PROGRAM

OUR HOLIDAY PROGRAM IS NOW OFFERING EARLY CARE FROM 7:30AM
ACTIVITIES START AT 9:00AM!

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.

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

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

WHEN:	TERM 3 HOLIDAYS
COMMENCING:	MONDAY 25th Sept
CONCLUDING:	FRIDAY 5th Oct
TIME:	7.30am – 4.30pm
YEAR LEVELS:	All ages

WEEK 1

Mon 25th 7.30am-4.30pm	Football	Soccer	Dance	Netball	Volleyball
Tue 26th 7.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 27sth 7.30am-4.30pm	Football	Netball	Soccer	Dance	Basketball
Thu 28th 7.30am-4.30pm	Grand Final Footy Games!	Grand Final Footy Games!	Wear your footy gear!	Grand Final Footy Games!	Grand Final Footy Games!
	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY

WEEK 2

Mon 2nd 7.30am-4.30pm	Netball	Football	Hockey	Basketball	Soccer
Tue 3rd 7.30am-4.30pm	Basketball	CRICKET	Dance	Gym	Touch Rugby
Wed 4th 7.30am-4.30pm	Volleyball	Hip Hop	Soccer	Football	CRICKET
Thu 5th 7.30am-4.30pm	Touch Rugby	Athletics	Basketball	Netball	Dance
Fri 6th 7:30am-4.30pm	Soccer	Football	Gym	CRICKET	Hockey

COST: $45 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 25th ☐ Tue 26th ☐ Wed 27th ☐ Thu 28th ☐ **Week 2:** Mon 2nd ☐ Tue 3rd ☐ Wed 4th ☐ Thu 5th ☐ Fri 6th ☐

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, band 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 ☐☐/☐☐

2015 Winner: City of Casey Home Based Business! CASEY BUSINESS AWARDS 2013 Winner: Cardinia Business Awards **'Franchisee'**