

**Kelly Sports - Berwick & Pakenham** P.O. Box 2055, Fountain Gate VIC 3805

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## 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 27<sup>th</sup> June Friday 8<sup>th</sup> July 8:30am – 4:30pm All ages

Mon 27 <sup>th</sup> 8.30am-4.30pm		sæ <u> </u>		Netball	
Tue 28 <sup>th</sup> 8.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
Wed 29 <sup>th</sup> 8.30am-4.30pm	TENNIS	Нір Нор	Soccer	Basketball	CRICKET
Thu 30 <sup>th</sup> 8.30am-4.30pm	Soccer	Tennis	Volleyball	Dance	Basketball
Fri 1 <sup>st</sup> 8.30am-4.30pm	Basketball	Нір Нор	Football	TENNIS	CRICKET

WEEK 4

Mon 4 <sup>th</sup> 8.30am-4.30pm	Soc O	ikett 3	Hip Hop	Hockey	TENNIS
Tue 5 <sup>th</sup> 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Нір Нор
Wed 6 <sup>th</sup> 8.30am-4.30pm	Volleyball	Нір Нор	Soccer	Netball	Tennis
Thu 7 <sup>th</sup> 8.30am-4.30pm	Soccer	Athletics	Нір Нор	Football	Basketball
Fri 8 <sup>th</sup> 8.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer





## **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 27 <sup>th</sup> Tue 28 <sup>th</sup> Wed 29 <sup>th</sup> Thu 30 <sup>th</sup>	Fri 1 <sup>st</sup>	W2: Mon 4 <sup>th</sup>	Tue 5 <sup>th</sup> Wed	d 6 <sup>th</sup> L Thu 7 <sup>th</sup> L	Fri 8 <sup>th</sup>
Name:				Grade:	
Address:			Post Code:		
Phone:	Mobile/Work:				
Email:	Medical Conditions:				
Parents' consent I hereby authorise Kelly Sports to act on and release Kelly Sports Berwick from any liability for injur	•				
Parent/Caregiver name:	Signature:		Amount P	aid: \$	
Card:	Exp /	(online surcharge a	opplies) Internet Tran	nsfer: Cash:	Cheque:

