



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.

Suitable for both GIRLS and BOYS

Kelly Sports is a registered childcare provider

VENUE: Berwick Chase Primary School Hall, 51 Bridgewater Blvd Berwick

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

SPRING holidays
MONDAY 22nd Sep
FRIDAY 3rd Oct
8.30am – 4.30pm
All ages

Mon 22 nd 8.30am-4.30pm	Football	Soccer	Gym	KIDS YOGA!	Volleyball
Tue 23 rd 8.30am-4.30pm	Basketball	CRICKET	Hockey	Hip Hop	Touch Rugby
Wed 24 th 8.30am-4.30pm	Football	Netball	Soccer	Basketball	Gym
Thu 25 th 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Dance
Fri 26 th 8.30am-4.30pm	Grand Final Footy Games!	Grand Final Footy Games!	Wear your footy gear!	Grand Final Footy Games!	Grand Final Footy Games!

WEEK 1

Mon 29 th 8.30am-4.30pm	Netball	Football	Dance	Basketball	Soccer
Tue 30 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 1 st 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	CRICKET
Thu 2 nd 8.30am-4.30pm	Soccer	Athletics	Gym	CRICKET	Basketball
Fri 3 rd 8.30am-4.30pm	KIDS YOGA!	CRICKET	Football	Gym	Soccer

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 with a cheque or credit card details 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 22nd Tue 23rd Wed 24th Thu 25th Fri 26th **Week 2:** Mon 29th Tue 30th Wed 1st Thu 2nd Fri 3rd

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: \$ _____

Card payment: Visa Mastercard Exp /