

JANUARY 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:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

January Holidays
 Monday 15th Jan
 Thursday 25th Jan
 7:30am – 4:30pm
 All ages

Mon 15 th 7.30am-4.30pm	 CRICKET	 Soccer	 Football	 Netball	 GYM
Tue 16 th 7.30am-4.30pm	 Basketball	 Dance	 Hockey	 Football	 Touch Rugby
Wed 17 th 7.30am-4.30pm	 TENNIS	 GYM	 Soccer	 Basketball	 CRICKET
Thu 18 th 7.30am-4.30pm	Athletics	 Soccer	 Volleyball	 Dance	 Basketball
Fri 19 th 7.30am-4.30pm	 Hockey	 Netball	 Football	 TENNIS	 CRICKET

WEEK 1

Mon 22 nd 7.30am-4.30pm	 Soccer	 Basketball	 Dance	 Hockey	 TENNIS
Tue 23 rd 7.30am-4.30pm	 Basketball	 Dance	 Volleyball	 Football	 CRICKET
Wed 24 th 7.30am-4.30pm	 CRICKET	 TENNIS	 Soccer	 Netball	 Touch Rugby
Thu 25 th 7.30am-4.30pm	 Soccer	Athletics	 GYM	 Football	 Basketball

WEEK 2

ONLINE ENROLMENT
www.kellysports.com.au/events

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

W1: Mon 15th ☐ Tue 16th ☐ Wed 17th ☐ Thu 18th ☐ Fri 19th ☐

W2: Mon 22nd ☐ Tue 23rd ☐ Wed 24th ☐ Thu 25th ☐

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: ☐