



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!
Fri 2 nd 8.30am-4.30pm	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 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 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 ☐ ☐ / ☐ ☐