

SUMMER 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:

JANUARY 2015
Monday 12th Jan
Friday 23rd Jan
8:30am – 4:30pm
All ages

Mon 12 th 8.30am-4.30pm	CRICKET	Soccer	Football	Netball	Dance
Tue 13 th 8.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
Wed 14 th 8.30am-4.30pm	TENNIS	Hip Hop	Soccer	Basketball	CRICKET
Thu 15 th 8.30am-4.30pm	Soccer	Tennis	Volleyball	Dance	Basketball
Fri 16 th 8.30am-4.30pm	Basketball	tBall	Football	TENNIS	CRICKET

WEEK 1

Mon 19 th 8.30am-4.30pm	Soccer	Basketball	Hip Hop	Hockey	TENNIS
Tue 20 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Touch Rugby
Wed 21 st 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	Tennis
Thu 22 nd 8.30am-4.30pm	Soccer	Athletics	GYM	Football	Basketball
Fri 23 rd 8.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer

WEEK 2

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 available BSB: 083-214 Acct No: 15-985-2563
Acct Name: Kelly Sports Berwick

ENROLMENT FORM

W1: Mon 12th Tue 13th Wed 14th Thu 15th Fri 16th W2: Mon 19th Tue 20th Wed 21st Thu 22nd Fri 23rd

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: Exp / (online surcharge applies) Internet Transfer: Cash: Cheque: