Kelly Sports - Berwick & Pakenham
P.O. Box 2055, Fountain Gate VIC 3805
T Darren Michelle - 0402 224 116
F (03) 8692 6539
W www.kellysports.com.au
E darren@kellysports.com.au

Only **$40** Per Day!

DECEMBER **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

VENUE: BEACONHILLS COLLEGE GYM BERWICK Kelly Sports is a registered childcare provider.

WHEN: Pre Christmas
COMMENCING: MONDAY 7th Dec
CONCLUDING: FRIDAY 18TH Dec
TIME: 8.30am – 4.30pm
YEAR LEVELS: All ages

WEEK 1

Mon 7th 8.30am-4.30pm	Football	Soccer	Gym	Dance	Volleyball
Tue 8th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Hip Hop	Touch Rugby
Wed 9th 8.30am-4.30pm	Tennis	Netball	Soccer	Basketball	Gym
Thu 10th 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Dance
Fri 11th 8.30am-4.30pm	CRICKET	Basketball	Soccer	Hip Hop	Netball

WEEK 2

Mon 14th 8.30am-4.30pm	Netball	Tennis	Hip Hop	Basketball	Soccer
Tue 15th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 16th 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Football	CRICKET
Thu 17th 8.30am-4.30pm	Tennis	Athletics	Basketball	Soccer	Dance
Fri 18th 8.30am-4.30pm	Basketball	Soccer	Football	Hip Hop	Gym

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 7th ☐ Tue 8th ☐ Wed 9th ☐ Thu 10th ☐ Fri 11th ☐ **Week 2:** Mon 14th ☐ Tue 15th ☐ Wed 16th ☐ Thu 17th ☐ Fri 18th ☐

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 ☐☐/☐☐

2015 Winner: Casey/Cardinia Home Based Business! CASEY BUSINESS AWARDS 2013 Winner: Cardinia Business Awards **'Franchisee'**