



## 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 **VENUE:** Berwick Chase Primary School, 72 Viewgrand Dr Berwick

**WHEN:**  
**COMMENCING:**  
**CONCLUDING:**  
**TIME:**  
**YEAR LEVELS:**

JANUARY 2019  
Monday 14<sup>th</sup> Jan  
Friday 25<sup>th</sup> Jan  
7:30am – 4:30pm  
All ages

Mon 14 <sup>th</sup> 7.30am-4.30pm	CRICKET	Soccer	Football	Netball	Dance
Tue 15 <sup>th</sup> 7.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
Wed 16 <sup>th</sup> 7.30am-4.30pm	TENNIS	Hip Hop	Soccer	Basketball	CRICKET
Thu 17 <sup>th</sup> 7.30am-4.30pm	Soccer	Tennis	Volleyball	Dance	Basketball
Fri 18 <sup>th</sup> 7.30am-4.30pm	Basketball	tBall	Football	TENNIS	CRICKET

WEEK 1

Mon 21 <sup>st</sup> 7.30am-4.30pm	Soccer	Basketball	Hip Hop	Hockey	TENNIS
Tue 22 <sup>nd</sup> 7.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Touch Rugby
Wed 23 <sup>rd</sup> 7.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	Tennis
Thu 24 <sup>th</sup> 7.30am-4.30pm	Soccer	Athletics	GYM	Football	Basketball
Fri 25 <sup>th</sup> 7.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer

WEEK 2

**ONLINE ENROLMENT**  
www.kellysports.com.au

To enrol, please visit [www.kellysports.com.au](http://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 14<sup>th</sup> ☐ Tue 15<sup>th</sup> ☐ Wed 16<sup>th</sup> ☐ Thu 17<sup>th</sup> ☐ Fri 18<sup>th</sup> ☐

W2: Mon 21<sup>st</sup> ☐ Tue 22<sup>nd</sup> ☐ Wed 23<sup>rd</sup> ☐ Thu 24<sup>th</sup> ☐ Fri 25<sup>th</sup> ☐

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: ☐



Winner: 2013 Cardinia Franchisee of the year!



Winner: 2015 Casey Home Based Business