

# AUTUMN 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:**

Term 1 Holidays  
Tuesday 3<sup>rd</sup> April  
Friday 13<sup>th</sup> April  
7:30am – 4:30pm  
All ages

Tue 3 <sup>rd</sup> 7.30am-4.30pm	Basketball	Soccer	Hockey	Football	Touch Rugby
Wed 4 <sup>th</sup> 7.30am-4.30pm	TENNIS	GYM	Soccer	tBall	CRICKET
Thu 5 <sup>th</sup> 7.30am-4.30pm	Soccer	Dance	Volleyball	Athletics	Basketball
Fri 6 <sup>th</sup> 7.30am-4.30pm	Basketball	Netball	Football	TENNIS	CRICKET

**WEEK 1**

Mon 9 <sup>th</sup> 7.30am-4.30pm	Soccer	Basketball	Football	Hockey	TENNIS
Tue 10 <sup>th</sup> 7.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Dance
Wed 11 <sup>th</sup> 7.30am-4.30pm	Volleyball	Touch Rugby	Soccer	Netball	Tennis
Thu 12 <sup>th</sup> 7.30am-4.30pm	Soccer	Athletics	Dance	Football	Basketball
Fri 13 <sup>th</sup> 7.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer

**WEEK 2**

**ONLINE ENROLMENT**  
[www.kellysports.com.au/events](http://www.kellysports.com.au/events)

To enrol, please visit [www.kellysports.com.au](http://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](mailto: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: Tue 3<sup>rd</sup>  Wed 4<sup>th</sup>  Thu 5<sup>th</sup>  Fri 6<sup>th</sup>

W2: Mon 9<sup>th</sup>  Tue 10<sup>th</sup>  Wed 11<sup>th</sup>  Thu 12<sup>th</sup>  Fri 13<sup>th</sup>

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: