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

KELLY SPORTS
LIFE LONG LOVE OF SPORTS

ONLY $40 +gst Per Day!!!

EASTER 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.

Suitable for both GIRLS and BOYS. Kelly Sports is a registered childcare provider

VENUE: Berwick Chase Primary School Hall, 72 Viewgrand Dr Berwick

WHEN:	EASTER HOLIDAYS
COMMENCING:	MONDAY 8th APRIL
CONCLUDING:	THURSDAY 18th APRIL
TIME:	8.30am – 4.30pm
YEAR LEVELS:	All ages

WEEK 1

Mon 8th 8.30am-4.30pm	Football	Soccer	Gym	Dance	Volleyball
Tue 9th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 10th 8.30am-4.30pm	Football	Netball	Soccer	Basketball	Dance
Thu 11th 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Dance
Fri 12th 8.30am-4.30pm	Football	Basketball	Soccer	CRICKET	Netball

WEEK 2

Mon 15th 8.30am-4.30pm	Netball	Football	Dance	Basketball	Soccer
Tue 16th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 17th 8.30am-4.30pm	Volleyball	Dance	Soccer	Football	CRICKET
Thu 18th 8.30am-4.30pm	Soccer	Basketball	Dance	Football	EASTER EGG HUNT

COST: $40p/day + gst

ONLINE ENROLMENT

www.kellysports.com.au

To **enrol**, please visit 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** 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 8th ☐ Tue 9th ☐ Wed 10th ☐ Thu 11th ☐ Fri 12th ☐ **Week 2:** Mon 15th ☐ Tue 16th ☐ Wed 17th ☐ Thu 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: City of Casey Home Based Business! CASEY BUSINESS AWARDS 2013 Winner: Cardinia Business Awards **'Franchisee'**