



BEACONHILLS 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

Kelly Sports is a registered childcare provider.

WHEN:

COMMENCING:

CONCLUDING:

TIME:

YEAR LEVELS:

DECEMBER 2014
Wednesday 10th Dec
Tuesday 23rd Dec
8:30am – 4:30pm
All ages

WED 10 th 8.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
THURS 11 th 8.30am-4.30pm	TENNIS	Hip Hop	Soccer	Basketball	CRICKET
FRI 12 th 8.30am-4.30pm	Soccer	Tennis	Volleyball	Netball	Basketball

MON 15 th 8.30am-4.30pm	Soccer	Basketball	Hip Hop	Hockey	TENNIS
TUES 16 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Touch Rugby
WED 17 th 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	Tennis
THURS 18 th 8.30am-4.30pm	Soccer	Athletics	GYM	TENNIS	Basketball
FRI 19 th 8.30am-4.30pm	tBall	CRICKET	Football	Athletics	Soccer

MON 22 ND 8.30am-4.30pm	Basketball	tBall	Football	TENNIS	CRICKET
TUES 23 RD 8.30am-4.30pm	CHRISTMAS GAMES	CHRISTMAS GAMES	CHRISTMAS GAMES	CHRISTMAS GAMES	CHRISTMAS GAMES

WEEK 1

WEEK 2

W. 3

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 8692 6539. Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

ENROLMENT FORM

W1: Wed 10 ☐ Thu 11 ☐ Fri 12 ☐ **W2:** Mon 15 ☐ Tue 16 ☐ Wed 17 ☐ Thu 18 ☐ Fri 19 ☐ **W3:** Mon 22 ☐ Tue 23 ☐

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: 2013 Casey Home Business Award!