



WINTER 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 2 Holidays
 Monday 2nd July
 Friday 13th July
 7:30am – 4:30pm
 All ages

Mon 2 nd 7.30am-4.30pm	 CRICKET	 Soccer	 Football	 Netball	 GYM
Tue 3 rd 7.30am-4.30pm	 Basketball	 Dance	 Hockey	 Football	 Touch Rugby
Wed 4 th 7.30am-4.30pm	 TENNIS	 GYM	 Soccer	 Basketball	 CRICKET
Thu 5 th 7.30am-4.30pm	 Soccer	 Tennis	 Volleyball	 Dance	 Basketball
Fri 6 th 7.30am-4.30pm	 Basketball	 Touch Rugby	 Football	 TENNIS	 CRICKET

WEEK 1

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

WEEK 2

ONLINE ENROLMENT
www.kellysports.com.au/events

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

W1: Mon 2nd ☐ Tue 3rd ☐ Wed 4th ☐ Thu 5th ☐ Fri 6th ☐

W2: Mon 9th ☐ Tue 10th ☐ Wed 11th ☐ Thu 12th ☐ Fri 13th ☐

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: ☐