

KELLY SPORTS HOLIDAY PROGRAM

Hey kids, mums, dads and caregivers! The Kelly Sports Holiday Program is back for another term!! There is no better place to spend the school holidays than at a Kelly Sports Holiday Program. Available to primary school children aged 5-12 years, and includes all the sports and fun games Kelly Sports is known for every day. Come join us during the holidays for all the sports, dancing and holiday activities you can handle.

Venue: St Thomas More School, Hadfield. Enter through North St entrance

Times: Doors open at 8am and close at 5.45pm

What to bring: Suitable clothing for sports and running around, comfortable sports shoes or runners, water bottle, snacks & lunch (we provide fruit) and a hat.

EARLY BIRD SPECIAL OF \$40 PER DAY IF PAID BEFORE FRIDAY 8TH SEPTEMBER

(invoices not paid by 8th September will automatically revert back to full price)

HOW TO ENROL

You can enrol online at www.kellysports.com.au

Alternatively you can scan and email to shane@kellysports.com.au or post form with payment to PO Box 8129, Tarneit 3029

PLEASE CIRCLE DAYS ATTENDING

Monday 25th Sept

Tuesday 26th Sept

Wednesday 27th Sept

Thursday 28th Sept

Monday 2nd October

Tuesday 3rd October

Wednesday 4th October

Thursday 5th October

1 Day	2 Days	3 Days	4 Days
Early Bird - \$40	Early Bird - \$80	Early Bird - \$120	Early Bird - \$160
Full Price - \$50	Full Price - \$100	Full Price - \$150	Full Price - \$200
5 days	6 Days	7 Days	8 Days
Early Bird - \$200	Early Bird - \$240	Early Bird - \$280	Early Bird - \$320
Full Price - \$250	Full Price - \$300	Full Price - \$350	Full Price - \$400

ENROLMENT FORM

School: _____ Year Level: _____

Name: _____

Address: _____ Post Code: _____

Phone (Mobile/Work/Home): _____

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 from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: \$

Direct Deposit Details: **BSB:** 063 765 **Account Number:** 1030 9126 **Reference:** Child's Name

*Credit card payment: ☐ Visa ☐ MasterCard

Card Number: _____ Expiry Date: ____ / ____ CCV: _____

***Please note that credit card payments attract a 2.5% processing fee**