

# 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 \$45 PER DAY IF PAID BEFORE MONDAY 17TH SEPTEMBER**

(invoices not paid by 17th September will be cancelled and re-booked at full price)

## HOW TO ENROL

You can enrol online at [www.kellysports.com.au](http://www.kellysports.com.au)

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

## PLEASE CIRCLE DAYS ATTENDING

Mon 24th September

Tues 25th September

Wed 26th September

Thurs 27th September

Mon 1st October

Tues 2nd October

Wed 3rd October

Thurs 4th October

1 Day	2 Days	3 Days	4 Days
Early Bird - \$45 Full Price - \$50	Early Bird - \$90 Full Price - \$100	Early Bird - \$135 Full Price - \$150	Early Bird - \$180 Full Price - \$200
5 days	6 Days	7 Days	8 Days
Early Bird - \$225 Full Price - \$250	Early Bird - \$270 Full Price - \$300	Early Bird - \$315 Full Price - \$350	Early Bird - \$360 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:** Invoice Number

\*Credit card payment: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_

**\*Please note that credit card payments attract a processing fee**