

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 26TH MARCH

(invoices not paid by 26th March 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

Tues 3rd April

Wed 4th April

Thurs 5th April

Fri 6th April

Mon 9th April

Tues 10th April

Wed 11th April

Thurs 12th April

Fri 13th April

1 Day	2 Days	3 Days	4 Days
Early Bird - \$45	Early Bird - \$90	Early Bird - \$135	Early Bird - \$180
Full Price - \$50	Full Price - \$100	Full Price - \$150	Full Price - \$200
5 days	6 Days	7 Days	8 or 9 Days
Early Bird - \$225	Early Bird - \$270	Early Bird - \$315	Early Bird - \$360
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 processing fee**