



## EASTER 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. A crafts table along with other restful activities are provided.

Suitable for both BOYS and GIRLS

Kelly Sports is a registered childcare provider

**VENUE:** Berwick Chase Primary School Gym, 72 Viewgrand Dr Berwick

**WHEN:**  
**COMMENCING:**  
**CONCLUDING:**  
**TIME:**  
**YEAR LEVELS:**

EASTER holidays  
 Tuesday 29<sup>th</sup> March  
 Friday 8<sup>th</sup> Friday  
 8:30am – 4:30pm  
 All ages

Mon 28 <sup>th</sup> 8.30am-4.30pm	Easter Monday	Easter Monday	Easter Monday	Easter Monday	Easter Monday
Tue 29 <sup>th</sup> 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Touch Rugby
Wed 30 <sup>th</sup> 8.30am-4.30pm	Football	Dance	Soccer	Basketball	CRICKET
Thu 31 <sup>st</sup> 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Basketball
Fri 1 <sup>st</sup> 8.30am-4.30pm	Football	CRICKET	Soccer	Hip Hop	Netball

WEEK 1

Mon 4 <sup>th</sup> 8.30am-4.30pm	tBall	CRICKET	Football	Gym	Soccer
Tue 5 <sup>th</sup> 8.30am-4.30pm	Basketball	CRICKET	Hockey	Netball	Touch Rugby
Wed 6 <sup>th</sup> 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Football	CRICKET
Thu 7 <sup>th</sup> 8.30am-4.30pm	Touch Rugby	Gym	Hockey	CRICKET	Basketball
Fri 8 <sup>th</sup> 8.30am-4.30pm	Netball	TENNIS	Hip Hop	Basketball	Soccer

WEEK 2

**Cost: \$40.00 per day!**



### ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)  
 Search postcode 3806 and 'holiday program'

To enrol, please visit [www.kellysports.com.au](http://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](mailto:darren@kellysports.com.au) or fax to 03 8692 6539. Internet transfer:  
 BSB: 083-214 Acct No: 15-985-2563 Acc Name: Kelly Sports Berwick

### ENROLMENT FORM

Week 1: Tues 29<sup>th</sup>  Wed 30<sup>th</sup>  Thu 31<sup>st</sup>  Fri 1<sup>st</sup>  Week 2: Mon 4<sup>th</sup>  Tue 5<sup>th</sup>  Wed 6<sup>th</sup>  Thu 7<sup>th</sup>  Fri 8<sup>th</sup>

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: \$ \_\_\_\_\_

Internet Transfer  Card payment:  Visa  Mastercard              Exp   /