



WINTER 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. Craft table and restful activities available.

Suitable for both GIRLS and BOYS

Kelly Sports is a registered childcare provider

VENUE: Berwick Chase Primary School Hall, 51 Bridgewater Blvd Berwick

WHEN:
COMMENCING:
CONCLUDING:
TIME:
YEAR LEVELS:

WINTER holidays
MONDAY 30th JUNE
FRIDAY 11th JULY
8.30am – 4.30pm
All ages

Mon 30 th 8.30am-4.30pm	Football	Soccer	Gym	Dance	Volleyball
Tue 1 st 8.30am-4.30pm	Basketball	CRICKET	Hockey	Hip Hop	Touch Rugby
Wed 2 nd 8.30am-4.30pm	Football	Netball	Soccer	Basketball	Gym
Thu 3 rd 8.30am-4.30pm	Soccer	Athletics	Volleyball	Hockey	Dance
Fri 4 th 8.30am-4.30pm	CRICKET	Soccer	Football	Netball	Hip Hop

WEEK 1

Mon 7 th 8.30am-4.30pm	Netball	Football	Dance	Basketball	Soccer
Tue 8 th 8.30am-4.30pm	Basketball	CRICKET	Hockey	Gym	Touch Rugby
Wed 9 th 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	CRICKET
Thu 10 th 8.30am-4.30pm	Soccer	Athletics	Gym	CRICKET	Basketball
Fri 11 th 8.30am-4.30pm	Dance	CRICKET	Football	Gym	Soccer

WEEK 2

COST: \$35- per day

ONLINE ENROLMENT

www.kellysports.com.au 'search Berwick'

To enrol, please visit www.kellysports.com.au/zone/berwick 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 or fax to 8786 8771. **Internet Direct credit**

BSB: 083-214 Acct No: 15-985-2563 Acc Name: Kelly Sports Berwick

ENROLMENT FORM

Week 1: Mon 30th Tue 1st Wed 2nd Thu 3rd Fri 4th **Week 2:** Mon 7th Tue 8th Wed 9th Thu 10th Fri 11th

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: \$ _____

Card payment: Visa Mastercard Exp /