Kelly Sports - Berwick & Pakenham
P.O. Box 2055, Fountain Gate VIC 3805
T Darren Michelle - 0402 224 116
F (03) 8786 8771
W www.kellysports.com.au
E darren@kellysports.com.au

2 WEEKS OF FUN these WINTER HOLIDAYS!

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:	WINTER holidays
COMMENCING:	MONDAY 30th JUNE
CONCLUDING:	FRIDAY 11th JULY
TIME:	8.30am – 4.30pm
YEAR LEVELS:	All ages

WEEK 1

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

WEEK 2

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

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 ☐☐/☐☐

Winner: Casey Home Based Business **2013** — Winner: Cardinia Business Awards **2013 'Franchisee'**