



2010 BRANHAM BASEBALL  
KIDS SUMMER CAMPS  
REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Guardian(s) Name: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Parent / Guardian Email: \_\_\_\_\_

Health Insurance Carrier & Policy # (Required): \_\_\_\_\_

I would like to register for (please circle your selection):

Session 1 (June 14-18, 9am-1pm)  
\$200 (\$175 if postmarked by April 30<sup>th</sup>)

Session 2 (June 21-25, 9am-1pm)  
\$200 (\$175 if postmarked by April 30<sup>th</sup>)

Make checks payable to: THE BRUIN BACKERS

Please return Registration Form, Medical History Form, Liability Form and payment to:  
Branham High School  
Attn: Landon Jacobs  
1570 Branham Lane  
San Jose, CA 95118

Tshirt Size (Circle One): Youth    S    M    L    XL    Adult    S    M    L    XL

Please contact Head Coach Landon Jacobs with any questions:  
[jacobs@branhambaseball.com](mailto:jacobs@branhambaseball.com)  
408-504-8672