



2010 BRANHAM SPORTS
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 28-July 2, 9am-3pm)
\$200 (\$175 if postmarked by May 14th)

Session 2 (July 5-9, 9am-3pm)
\$200 (\$175 if postmarked by May 14th)

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 Camp Director Landon Jacobs with any questions:

jacobs@branhambaseball.com

408-504-8672