

**Sponsored by  
the HHS  
Sports Boosters**

# 2010 SUMMER BASEBALL CAMP



**Boys and Girls Ages 7 - 14**

**All Levels**

**Our goal is to help boys and girls of all levels,  
develop and improve their skills with the  
game of baseball.**

**We strive to instill a love of the game,  
while providing a fun and safe environment in  
which they can succeed.**

**Each camp attendee will receive an official Herndon  
Braves Summer Baseball Camp t-shirt and have an  
opportunity to learn from top coaches and players.**



## **INSTRUCTORS**

**Chris Smith – Braves Coach  
PJ Mitchell – Braves Pitching/Head Coach,  
DePauw University Coach  
Paul Koch – Braves Coach  
Collegiate Players from the Herndon Braves**



**We will have our Camp Snack Bar  
open for Lunch or  
campers can bring their  
own lunch and snacks**

## **SESSIONS**

- #1 – June 28 – July 1 (July 2 rain date)**
- #2 – July 5 – July 8 (July 9 rain date)**
- #3 – July 12 – July 15 (July 16 rain date)**
- #4 – July 19 – July 22 (July 23 rain date)\***
- #5 – July 26 – July 29 (July 30 rain date)**

**\*HS Transition Camp for athletes  
between the ages of 12 - 14**

**All sessions, except #4 run from  
9 am - 2pm. Session #4 will be from  
12 pm – 3 pm.**

**COST - \$150 per session\* for all day sessions  
COST - \$90 for session #4.  
(Drop off as early as 8 am and pick up as late  
as 4 pm for an additional cost of \$60)**

**Cost increases to \$165/\$100  
if paid after 6/1/10**

**Location – Herndon High School  
Baseball Field**

**Bring a glove, bat, and hat!**

***Questions? Contact Lauren Taggart (703.754.6808)***

# BRAVES BASEBALL CAMP

## Camp Cost - \$150 per session\*

### Camp Registration

• Cost increases to \$165 if paid after June 1, 2009

Camper Name	Date of Birth	T-shirt size (YL, AS, AM, AL, AXL)
Address	City/State/Zip	School and Grade for Next School Year (09-10)
Home Phone #	Email - Mom	Email - Dad
Names of Parents	Cell Phone - Mom	Cell Phone - Dad
Emergency Contact	Emergency Phone #	Emergency Phone #
Allergy Information / Health Concerns / Medication Regularly Taken		
Family Physician	Phone #	

### Sessions (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> #1 – June 28 – July 1 (July 2 rain date), 9am – 2pm  | <input type="checkbox"/> #4 – July 19 – July 22 (July 23 rain date)*          |
| <input type="checkbox"/> #2 – July 5 – July 8 (July 9 rain date), 9am – 2pm   | <b>*High School Transition Camp, 12 pm – 3pm</b>                              |
| <input type="checkbox"/> #3 – July 12 – July 15 (July 16 rain date), 9am- 2pm | <input type="checkbox"/> #5 – July 26 – July 29 (July 30 rain date) 9am – 2pm |

# of Sessions enrolled _____ x \$150 (\$165 late fee if paid after 6/1/10) =	\$ _____
Session #4 enrolled _____ x \$90 (\$100 late fee if paid after 6/1/10) =	\$ _____
Drop off as early as 8 am and pick up as late as 4 pm for \$60.00 additional	\$ _____
(Drop off/late pickup charge is per session) TOTAL DUE	\$ _____

**Make checks payable to HHS Sports Boosters and send to –  
HHS Sports Boosters-Baseball Camp, PO Box 101, Herndon, VA 20172**  
**If you wish to pay by Credit Card – send an email to – [LisaLombo@signaturecos.com](mailto:LisaLombo@signaturecos.com)**  
**and we will send you a PayPal Invoice.**

### Parent / Guardian Authorization Consent – Must Be Filled Out!!

I hereby approve of my child's attendance at the HHSSBC Baseball Camp and certify that he/she is in good health and is able to participate fully in the program. I authorize the Directors to act according to their best judgment in any emergency requiring immediate medical attention. I understand should an emergency arise, I will be contacted immediately. If I am unavailable, I authorize you to contact my Emergency Contact listed above.

Signature of Parent / Guardian

Date

**Questions? Contact Lauren Taggart (703.754.6808)**