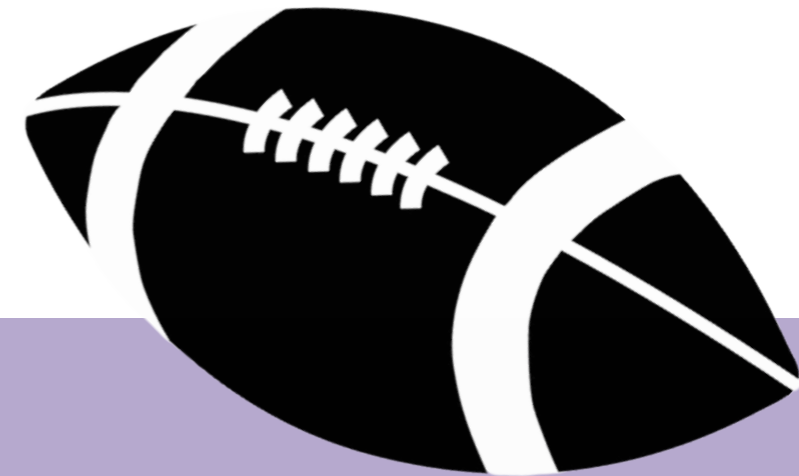


# FOOTBALL

## OFFENSIVE LINE SPECIALTY CAMP

FOR BOYS ENTERING GRADES 5 - 8



CHRISTIAN BROTHERS MORNING CAMP

### CAMP SESSION & TIME

#### SESSION 1

July 16 • 5:00 PM -7:00 PM

#### SESSION 2

July 23 • 5:00 PM -7:00 PM

#### SESSION 3

July 30 • 5:00 PM -7:00 PM

### COST

\$30.00 / per session

### LOCATION

CHRISTIAN BROTHERS HIGH SCHOOL  
Tom Nix Stadium

### CAMP DIRECTOR

**Brandon Pearce** - CBHS Offensive Line Coach/Camp Director assisted by CBHS football coaching staff and players.

### TO REGISTER

Complete this registration form and mail it along with payment to:

**CBHS OFFENSIVE LINE CAMP**  
c/o Coach Brandon Pearce  
5900 Walnut Grove Road • Memphis, TN 38120

### FOR MORE INFORMATION

Contact Coach Brandon Pearce at [bpearce@cbhs.org](mailto:bpearce@cbhs.org)  
or Coach Dale Dunlap at [ddunlap@cbhs.org](mailto:ddunlap@cbhs.org)

CBHS Football Camp will focus on fundamentals with proper technique. We will take part in various non-contact drills each day which will be followed by a series of games. Each camper will receive daily instruction from our varsity coaching staff.



# CBHS SUMMER 2017 CAMPS

## APPLICATION

Please print  
this application  
for each camper.

Mail or bring the  
completed  
application  
with payment to:

### OFFENSIVE LINE CAMP

c/o Christian Brothers  
High School  
5900 Walnut Grove Road  
Memphis, TN 38120

#### CAMPER:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone number \_\_\_\_\_

Grade (entering 2017-18) \_\_\_\_\_ Current School \_\_\_\_\_

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_

#### PARENT #1:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Phone Number \_\_\_\_\_

#### PARENT #2:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Phone Number \_\_\_\_\_

Emergency Contact (#/name/relationship)  
\_\_\_\_\_

Please list medications, allergies, or other medical conditions  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize CBHS camp directors to act for me in their best judgment in any emergency requiring medical attention. I hereby waive any claim I might have against Camp Directors and Christian Brothers High School.

Parent/Guardian Signature  
\_\_\_\_\_

# OFFENSIVE LINE SPECIALTY CAMP

**Please wear shorts/t-shirt  
and bring tennis shoes or cleats**