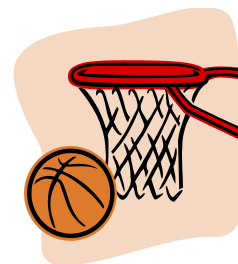


# SLAMMA-JAMMA BASKETBALL CLINIC 2021

**FREE BALL! FREE SHIRT!**



**LOCATIONS:** Hamden Middle School, 2623 Dixwell Ave. Hamden, CT

**DATES:** Session I: June 28<sup>th</sup> –July 2<sup>nd</sup>, 2021  
Session II: August 9<sup>th</sup> -August 13<sup>th</sup>, 2021 (waiting for BOE approval)  
Boys/Girls grades 3rd-9th, 9:00 am - 1:00 pm  
Fees: \$175 per session

**Note: \$20 DISCOUNT IF ATTENDING ANY TWO SESSIONS**

**FOR MORE INFORMATION, CONTACT:** Bernie or Cindy Brennan, 203-823-7898

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To register and pay by credit card visit: [www.slamma-jamma.com](http://www.slamma-jamma.com) or complete, sign, and mail this registration form with check payable to "Slamma-Jamma" to:

Slamma Jamma/ Al Carfora  
PO Box 469  
Branford, CT 06405

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**Camper Information (PLEASE PRINT)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Grade entering this September \_\_\_\_\_  
City \_\_\_\_\_ Session Attending \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Allergies/Health Concerns \_\_\_\_\_

**T-Shirt Size (circle one) Youth Large Adult Small Adult Medium Adult Large**

**Parent/Guardian Information (PLEASE PRINT CLEARLY; EMAIL USED TO SEND CONFIRMATION)**

Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Address \_\_\_\_\_ Policy # \_\_\_\_\_  
City \_\_\_\_\_ Home Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

The above named youth is physically fit to participate in the Slamma-Jamma Basketball Clinic. I authorize the Directors of the Slamma-Jamma Basketball Clinic to act for me according to their best judgment in an emergency requiring medical attention other than that maintained by the camp for which services I shall pay

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_