

BALTIMORE BLAST 2020 EARLY BIRD SUMMER CAMP REGISTRATION

DATE	TIME	LOCATION	PRICE
June 22-26	9AM-5PM	Northeast Regional Rec Center (Indoor)	\$250
June 22-26	9AM-5PM	Harford Sports Performance Center (Indoor)	\$250
June 22-26	9AM-12PM	Maryland Sportsplex (Glen Arm)	\$140
June 22-26	9AM-12PM	Rockburn Park (REGISTERTHRU HOWARD COUNTY PARKS & REC)	\$140
June 29 – July 3	9AM-12PM	Southeast Regional Rec Center (Dundalk)	\$140
July 6-10	9AM-5PM	Southeast Regional Rec Center (Dundalk)	\$250
July 6-10	9AM-12PM	Wilde Lake High School (REGISTERTHRU HOWARD COUNTY PARKS & REC)	\$140
July 6-10	9AM-12PM	Carroll Indoor	\$140
July 13- 17	9AM-5PM	Northeast Regional Rec Center (Pikesville)	\$250
July 13- 17	9AM-12PM	SOFIVE Soccer Center (Columbia)	\$140
July 20-24	9AM-5PM	Harford Sports Performance Center (Forest Hill)	\$250
July 20-24	9AM-12PM	Monsignor Slade School	\$140
July 20-24	9AM-12PM	Honeygo Regional Park	\$140
July 27-31	9 AM-5PM	Rockburn Park (REGISTERTHRU HOWARD COUNTY PARKS & REC)	\$140
July 27-31	9AM-12PM	Latrobe Park	\$140
Aug 3-7	9AM-5PM	Southeast Regional Rec Center (Dundalk)	\$250
Aug 3-7	9AM-12PM	Meadowood Park (Timonium)	\$140
Aug 3-7	9AM-12PM	Blandair Park (REGISTER THRU HOWARD COUNTY PARKS & REC)	\$140
Aug 10-14	9AM-5PM	Northeast Regional Rec Center (Indoor)	\$250
Aug 10-14	9AM-5PM	Southeast Regional Rec Center (Dundalk)	\$250
Aug 17-21	9AM-5PM	Harford Sports Performance Center (Forest Hill)	\$250
Aug 17-21	9AM-12PM	Eastern Regional Park	\$140
Aug 17-21	9AM-12PM	Maryland Sportsplex (Glen Arm)	\$140

Parent Name: _____ Camper Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: Home: _____ Work: _____ Cell: _____
 M/F: _____ Age: _____ Email Address: _____
 Camp Location: _____

T-Shirt Size (Circle): Youth-S Youth-M Youth-L Adult-S Adult M Adult L Adult XL

Extra T-Shirt (\$15) Size: _____ Extra Soccer Ball (\$20): _____

I _____ do hereby for myself, my heirs, and assigns, waive and release any and all

(Parent Name)

claims to damage against the Baltimore Blast and any camp locations and its assigns or authorized representatives conducting camp as a result of any or all injuries incurred by _____ traveling to or from, or while participating in the camp.
 (Camper Name)

Please send this form and nonrefundable full payment to: Baltimore Blast Summer Soccer Camps, 7006 Golden Ring Road, Baltimore, MD 21237 or fax the order form to 410-732-1737

Amount Paid: \$ _____ Credit Card (Circle): Visa/Mastercard American Express Discover

Card Number: _____ Exp. Date: _____

Signature: _____ Verification Number: _____

