

BALTIMORE BLAST 2019 SUMMER CAMP REGISTRATION

| DATE | TIME | LOCATION | PRICE |
|---------------|-----------|--|-------|
| June 24-28 | 9AM-5PM | Northeast Regional Rec Center (Indoor) | \$275 |
| July 8-12 | 9AM-Noon | Northwest Regional Park (Owings Mills) | \$160 |
| July 15-19 | 9AM-5PM | Northeast Regional Rec Center (Indoor) | \$275 |
| July 15-19 | 9AM-5PM | Harford Sports Performance Center | \$275 |
| July 22-26 | 9AM-Noon | Monsignor Slade School (Anne Arundel County) | \$160 |
| July 22-26 | 9AM-Noon | Latrobe Park (Baltimore City) | \$160 |
| July 22-26 | 5PM-8PM | Nottingham Park - King Avenue | \$160 |
| July 29-Aug 2 | 9AM-Noon | Tick Neck Park (Pasadena) | \$160 |
| July 29-Aug 2 | 9 AM-Noon | Southeast Regional Rec Center (Dundalk) (Indoor) | \$160 |
| July 29-Aug 2 | 9AM-Noon | Meadowood Park (Timonium) | \$160 |
| July 29-Aug 2 | 5PM-8PM | Chapel Road Park (Havre de Grace) | \$160 |
| July 29-Aug 2 | 9AM-Noon | Our Lady of Grace (Parkton) | \$160 |
| Aug 5-9 | 9 AM-Noon | Honeygo Regional Park (White Marsh) | \$160 |
| Aug 5-9 | 9AM-Noon | Reisterstown Regional Park | \$160 |
| Aug 5-9 | 9AM-3 PM | Salisbury – Crown Sports | \$250 |
| Aug 12-16 | 9AM-Noon | Eastern Regional Park (Middle River) | \$160 |
| Aug 12-16 | 9AM-5PM | Northeast Regional Rec Center (Indoor) | \$275 |
| Aug 12-16 | 9AM-5PM | Harford Sports Performance Center (Indoor) | \$275 |
| Aug 19-23 | 9AM-5PM | Southeast Regional Rec Center (Dundalk) (Indoor) | \$275 |

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: _____

