

# BALTIMORE BLAST 2019 SUMMER CAMP REGISTRATION

DATE	TIME	LOCATION	PRICE
June 24-28	9AM-5PM	Northeast Regional Rec Center (Indoor)	\$275
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	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 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 12-16	9AM-Noon	SoFive Indoor Soccer Center (Columbia)	\$160
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: \_\_\_\_\_

