

DATE	TIME	LOCATION	PRICE
6/28-7/2/21	9AM-3PM	Northeast Regional Rec Center (Indoor)	\$275
6/28-7/2/21	9AM-12PM	Cedar Lane Park (Harford County)	\$175
6/28-7/2/21	9AM-12PM	Southeast Regional Rec Center (Indoor)	\$175
July 5-9	9AM-12PM	Wilde Lake High School (REGISTER THRU HOWARD COUNTY PARKS & REC)	-
July 12-16	9AM-3PM	Northeast Regional Rec Center (Indoor)	\$275
July 12-16	9AM-12pm	Cedar Lane Park (Harford County)	\$175
July 12-16	9am-12pm	Rockburn Branch Park (Register through Howard County Parks and Recs)	-
July 19-23	9AM-12PM	Monsignor Slade School	\$175
July 19-23	9AM-12PM	Honeygo Regional Park	\$175
July 26-30	9Am-12PM	Northwest Regional Park (Reisterstown)	\$175
July 26-30	5PM-8PM	Nottingham Park	\$175
Aug 2-6	9AM-12PM	Meadowood Park (Timonium)	\$175
Aug 2-6	9AM-12PM	Blandair Park (REGISTER THRU HOWARD COUNTY PARKS & REC)	-
Aug 2-6	9AM-12PM	Cedar Lane Park (Harford County)	\$175
Aug 9-13	9AM-3PM	Southeast Regional Rec Center (Dundalk)	\$275
Aug 16-20	9AM-3PM	Northeast Regional Rec Center (Parkville)	\$275
Aug 23-27	9AM-12PM	Eastern Regional Park	\$175

BALTIMORE BLAST 2021 SUMMER CAMP REGISTRATION



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: _____

Pay in Full **Payment Plan**

We are now offering a payment plan. Half due at time of registration and camp must be paid in full 2 weeks prior to your scheduled summer camp.