



BALTIMORE BLAST 2022 SUMMER CAMP REGISTRATION



DATE	TIME	LOCATION	PRICE
June 20-24	9am-3pm	Northeast Regional Rec Center (Indoor)	\$295
June 20-24	9am-12pm	Cedar Lane Park (Harford County)	\$195
June 20-24	9am-12pm	Southeast Regional Rec Center (Indoor)	\$195
June 20-24	6pm-8pm	Linover Park (Advance Camp)	\$175
June 27-July 1	9am-12pm	Wilde Lake High School (REGISTER THRU HOWARD COUNTY PARKS & REC)	-
June 27-July 1	9am-12pm	Sparrows Point High School	-
Jul 5-8	9AM-12pm	Perryville	\$195
July 5-8	9am-12pm	Joppatowne	-
July 5-8	9AM-12pm	SoFive Indoor Complex	\$195
July 11-15	9am-12pm	Cedar Lane Park (Harford County)	\$195
July 11-15	9am-12pm	Rockburn Park (Howard County)	-
July 18-22	9am-3pm	Northeast Regional Rec Center (Indoor)	\$295
July 18-22	9am-12pm	Slade School	\$195
July 18-22	9am-12pm	Honeygo Park	\$195
July 18-22	5pm-8pm	Linover Park	\$195
July 25-29	9am-12pm	Latrobe Park (Baltimore City)	\$195
July 25-29	9am-12pm	Northwest Park	\$195
Aug 1-5	9am-12pm	Meadowood Park	\$195
Aug 1-5	9am-12pm	Cedar Lane Park (Harford County)	\$195
Aug 8-12	9am-3pm	Southeast Regional Rec Center (Indoor)	\$295
Aug 8-12	9am-12pm	Joppatowne	-
Aug 15-19	9am-12pm	Blandair Park (Howard County)	-
Aug 15-19	9am-3pm	Northeast Regional Rec Center (Indoor)	\$295
Aug 22-26	9am-12pm	Eastern Regional Park	\$195

All Baltimore County Camp locations are subject to county approval.

Camp attire: Each camper will need to wear a white t-shirt and Black shorts each day to camp.

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 (\$10) Size: _____ Extra Soccer Ball (\$20): _____ Extended Care (\$50) (2hrs) Mask(\$5) Gaiter (\$10) _____

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: _____

Payment Plan: Yes ___ No ___