



BALTIMORE BLAST 2023 SUMMER CAMP REGISTRATION



DATE	TIME	LOCATION	PRICE
June 19-23	5pm-8pm	Chapel Road Park (Havre de Grace)	\$195
June 26-30	9am-3pm	Northeast Regional Rec Center (Indoor)	\$295
June 26-30	9am-12pm	Cedar Lane Park (Harford County)	\$195
June 26-30	9am-12pm	Sparrows Point High School ***	-
July 3-7	9am-12pm	Wilde Lake High School (Howard County)	-
July 10-14	9am-12pm	Rockburn Park (Howard County)	-
July 10-14	9am-12pm	Southeast Regional Rec Center	\$195
July 10-14	9am-Noon	Lake Shore Park (Pasadena)***	-
July 10-14	9am-12pm	Cecil Arena	\$195
July 17-21	9AM-12pm	Cedar Lane (Harford County)	\$195
July 17-21	9am-12pm	Honeygo Park	\$195
July 17-21	9am-12pm	Monsignor Slade school	\$195
July 24-28	9am-12pm	Latrobe Park	\$195
July 24-28	9am-12pm	Carroll Indoor Sports (Carroll County)	\$195
July 24-28	9am-3pm	Northeast regional rec Center (Indoor)	\$295
July 24-28	9am-noon	Churchville ****	-
July 31-Aug 4	9am-12pm	Meadowood Park	\$195
July 31-Aug 4	9am-12pm	Blandair Park (Howard County)	-
July 31-Aug 4	9am-12pm	Eastern Regional Park	\$195
Aug 7-11	9am-12pm	Cedar Lane Park (Harford County)	\$195
Aug 7-11	9am-3pm	Southeast Regional Rec Center (Indoor)	\$295
Aug 14-18	9am-3pm	Northeastern regional Rec Center (Indoor)	\$295
Aug 14-18	9am-noon	Churchville ****	-

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__