



BALTIMORE BLAST 2024 SUMMER CAMP REGISTRATION



DATE	TIME	LOCATION	PRICE
June 17-21	9am-3pm	Northeast Regional Rec Center (Indoor)	\$325
June 17-21	9am-12pm	Cedar Lane Park (Harford County)	\$225
June 17-21	9am-12pm	Sparrows Point High School ***	-
June 24-28	9am-12pm	Howard County Location-TBD	-
June 24-28	9am-12pm	Southeast Regional rec Center	\$225
June 24-28	9am-12pm	Meadowood Park (Girls only camp)	\$225
July 8-12	9am-12pm	Latrobe Park	\$225
July 8-12	9AM-12pm	Monsignor Slade School	\$225
July 8-12	9am-12pm	Howard County-TBD	-
July 15-19	9am-12pm	Carroll Indoor Sports	\$225
July 15-19	9am-12pm	Churchville***	-
July 15-19	9am-3pm	Northeast regional rec Center (Indoor)	\$325
July 24-28	9am-noon	Churchville ****	-
July 22-26	9am-12pm	Meadowood Park	\$225
July 22-26	9am-12pm	Eastern Regional Park	\$225
July 29-Aug 2	9am-12pm	Howard County_ TBD	-
July 29-Aug 2	9am-3pm	Southeast Regional Rec Center (indoor)	\$325
Aug 5-9	9am-12pm	Cedar Lane Park (Bel Air)	\$225
Aug 5-9	9am-12pm	Churchville***	-
Aug 12-16	9am-3pm	Northeast Regional Rec Center (Indoor)	\$325
Aug 12-16	9am-12pm	CCBC-Dundalk (Girls only camp)	\$225
Aug 19-23	9am-12pm	Specialty Camp- TBD	

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__