



2014 Baltimore Blast Summer Soccer Camps

Date	Time	Location	Price
June 23-27	9a.m. - 5p.m.	Churchville Rec Center (Harford County)	\$200 (Reg \$250)
June 23-27	9a.m - Noon	Dublin Darlington (Francis Silver Park)	\$120 (Reg. \$140)
July 7-11	9a.m. - Noon	Southeast Regional Rec Center (Indoor)	\$120 (Reg. \$140)
July 7-11	5p.m. - Noon	Pikesville Middle School Field #2	\$120 (Reg. \$140)
July 14-18	9a.m. - 5p.m.	Northeast Regional Rec Center (Indoor)	\$200 (Reg \$250)
July 14-18	9a.m - Noon	Cecil Area (Indoor)	\$120 (Reg. \$140)
July 28 - August 1	9a.m. - 5p.m.	Southeast Regional Rec Center (Indoor)	\$200 (Reg \$250)
August 4-8	9a.m. - Noon	Churchville Rec Center (Harford County)	\$120 (Reg. \$140)
August 4-8	5p.m. - 8p.m.	4 Seasons Sports Complex - Outdoor Fields (Carroll County)	\$120 (Reg. \$140)
August 4-8	5p.m. - 8p.m.	Nottingham Park (Perry Hall/White Marsh)	\$120 (Reg. \$140)
August 11-15	9a.m. - 5p.m.	Northeast Regional Rec Center (Indoor)	\$200 (Reg \$250)

SPECIAL DISCOUNT PRICE FOR BALTIMORE COUNTY PUBLIC SCHOOL STUDENTS -

THE EDUCATION FOUNDATION
of BALTIMORE COUNTY PUBLIC SCHOOLS
— Contributing to a Brighter Future —

Call 410-73-BLAST for more information

* Blast Summer Soccer Camps are coed for youth soccer players ages 5 - 14, * Full payment required with application form

Each Camper Receives:

* Baltimore Blast Summer Soccer Camp T-Shirt, *Soccer Ball

* One ticket to four different Baltimore Blast home games during the 2014-15 regular season.
(Order forms for the tickets will be mailed to campers after the 2014-15 schedule is released)

Parent Name: _____ Camper Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: Home: _____ Work: _____ Cell: _____
 M/F: _____ Age: _____ Email Address: _____
 Camp Location: _____ Date: _____
 T-Shirt Size: Youth-S: _____ Youth-M: _____ Youth-L: _____ Adult-S: _____ Adult-M: _____ Adult-L: _____ Adult-XL: _____
 Extra T-Shirt (\$10) Size: _____ Extra Soccer Ball (\$15): _____

I _____ do hereby for myself, my heirs, and assigns, waive and release any and all claims to damage against the
 (Parent Name)
 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)

* All payments must be received in full with application

* A \$10 discount is offered for each additional family member (one discount per camper).

Please send this form and nonrefundable full payment to: Baltimore Blast Summer Soccer Camps, 6929 Golden Ring Road, Baltimore, MD 21237

Fax the order form to 410-732-1737

Make checks payable to Baltimore Blast

Amount Paid: \$ _____ Credit Card: Visa/MasterCard: _____ American Express: _____ Discover: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Verification Number: _____