

**Pete Caringi's All Maryland Soccer Camp  
2009 APPLICATION**

**CCBC Essex** (Ages 6-14)

- Session 1 **June 15-19, 2008**
- Session 2 **June 22-26, 2008**

**Cedar Lane Park**

- Bel Air, MD. Day Camps  
July 13-17 2009  
10a.m – 1p.m

**UMBC** (Ages 11-18)

- July 5-9, 2008**
- Resident (overnight)
- Commuter
- Boys  Girls

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE AT CAMP \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

PARENT/GUARDIAN'S NAME(S) \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SHIRT SIZE *(check or circle one)*

YOUTH: \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

ADULT: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large

**For Resident Camper's Only:**

ROOMMATE REQUEST \_\_\_\_\_

TEAM/CLUB/SCHOOL GROUP NAME \_\_\_\_\_

I hereby authorize **PETE CARINGI'S ALL MARYLAND SUMMER CAMP, INC.** to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release **PETE CARINGI'S ALL MARYLAND SUMMER CAMP, INC.** for liability or illness while at the camp.

SIGNATURE of Parent or Guardian \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_

CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

*Enrollment is limited. All applications will be processed on a first come, first serve basis.*

**FOR DAY CAMPS:** A non-refundable \$30 deposit is required for each camper.

**FOR RESIDENTIAL OR COMMUTER CAMPS:** A non-refundable \$75 deposit is required for each camper.

**AMOUNT OF PAYMENT ENCLOSED**      \$ \_\_\_\_\_

Make checks payable and return forms to: **PETE CARINGI'S ALL MARYLAND SOCCER CAMP**  
1000 Hilltop Circle • Baltimore, Maryland 21250

For further information,  
Call 410-455-3003 or camp hotline 443-834-5595