



(301) 983-2227 • MONTGOMERYSPORTS.ORG

FAMOUS SPORTS CAMPS

AT CABIN JOHN & TILDEN MIDDLE SCHOOLS

FOR BOYS & GIRLS AGES 4-14

MSA HAS EVERYTHING YOU WANT!

- PROFESSIONAL COACHES
- FULL DAY CAMPERS CAN PICK UP TO FOUR SPORTS/ ENRICHMENTS A DAY
- SKILL-BASED CLINICS IN SMALL GROUPS
- FREE BOTTLED WATER
- AIR CONDITIONED FACILITIES
- WATER DAY
- BOARD GAMES & VIDEO GAMES
- BEST OPTIONAL LUNCH MENU (MCDONALDS, SUBWAY, PIZZA, ETC)
- SPECIAL APPEARANCES BY CELEBRITY ATHLETES THROUGHOUT THE SUMMER



MSA Summer Sports Camp is organized and coached by University of Maryland & University of Arizona collegiate athletes, former NBA, MLB & NFL stars and Arthur Ashe's Tennis School Pros.

SPORTS	ENRICHMENTS
BASKETBALL	DANCE
SOCCER	CHESS
TOUCH/FLAG FOOTBALL	ROCKETRY*
BASEBALL/T-BALL	CREATIVE ARTS*
TENNIS	MARTIAL ARTS
GOLF	SCIENCE
CRICKET	MAGIC*
BOCCE BALL	GROUP PIANO
KICKBALL	STAGE PRODUCTION
LACROSSE	JUMP ROPE

SAVE \$\$ WITH SUMMER PASS, CHECK THE WEBSITE FOR DETAILS
WEEKLY FEE INCLUDES A T-SHIRT. LUNCH TIME: GAMES ROOM, ARTS & CRAFTS. CARNIVALS* WATER SLIDES ON THURSDAYS EVERY WEEK

OUR FAMOUS COACHES



COACH CLIFF COACH MOUTON COACH INNER COACH GINO

Optional Round-Trip car-pools from Olney, Germantown, Silver Spring, Gaithersburg, Potomac & Bethesda To MSA Camp for \$50/Camper/Week

WEEK	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
Start Date	18-Jun	25-Jun	02-Jul	09-Jul	16-Jul	23-Jul	30-Jul	06-Aug
End Date	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug
Location	CJ-20854 Tilden-20817	CJ-20854 Tilden-20817	CJ-20854 Tilden-20817	CJ-20854 Tilden-20854	CJ-20854 Tilden-20817	CJ-20854 Tilden-20817	CJ-20854 Tilden-20817	CJ-20854 Tilden-20817
Full Day Tuition	\$245	\$245	\$200	\$245	\$245	\$245	\$245	\$245
Half Day Tuition	\$185	\$185	\$160	\$185	\$185	\$185	\$185	\$185



VOTED #1 CAMP IN MONTGOMERY COUNTY!

MSA SUMMER CAMP 12

- CJ MS Half-Day Camper
 Full Day Camper

NAME: _____
PHONE: _____
CELL: _____
HOME ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
BIRTHDAY: _____ M/F: _____
WK1: _____ WK2: _____ WK3: _____ WK4: _____
WK5: _____ WK6: _____ WK7: _____ WK8: _____
SPORTS: _____

PARENTAL CONSENT/REGISTRATION

My Child is covered by medial insurance and any special medical conditions will be stated. The Organizers and their representatives are not responsible for any injury or damage that may occur. I authorize session staff to act on my behalf in an emergency. I agree to MSA's No Refund Policy and that only a credit for an MSA activity will be issued.

PARENT SIGNATURE _____
ADDRESS _____
CHILD HEALTH _____

NAME: _____
AGE: _____ M/F: _____ PHONE: _____
EMAIL: _____ CAR POOL: _____
CREDIT CARD: _____ ZIP: _____
EXP. DATE: _____ AMOUNT PAID: \$ _____

Mail form with payment to:
MSA, 9334 Sprinklewood Lane,
Potomac, MD 20854