



SUMMER CAMPS

17TH CONSECUTIVE YEAR

\$129

• Regular registration

\$119

• Early registration (by March 31)
• 2 or more siblings registering together

\$105

• Register for 3 or more camps
• Groups of 6 or more

BALLS-N-STRIKES SUMMER CAMP (AGES 5-8)

This dynamic program is loaded with drills to stress the FUN-damentals of the game. Campers will cycle through teaching stations each day featuring hitting, throwing, fielding, base running and agility. The Rookie Camp focuses on teaching ballplayers sportsmanship, camaraderie, and the right way to play the game.

BALLS-N-STRIKES SUMMER CAMP (AGES 9-12)

This program focuses on taking ballplayers to the next level with skill-specific teaching stations. Campers will rotate through drills consisting of hitting, pitching, fielding, agility, run-downs, bunting, base running, cut-offs and relays, plus much more.

*All camps end each camp day with a World Series game!

May 26-29
Tue-Fri

Chesterfield Valley Athletic Complex
Des Peres Park

June 1-4

Ballwin Athletic Association
Kirkwood City Park

June 8-11

Des Peres Park
Ellisville Athletic Association

June 15-18

Des Peres Park

June 22-25

Ballwin Vlasik Park
Chesterfield Valley Athletic Complex

June 29-July 2

Chesterfield Valley Athletic Complex
Kirkwood City Park

July 13-16

Balls-n-Strikes Ballwin
Chesterfield Valley Athletic Complex

July 20-23

Des Peres Park
Ellisville Bluebird Park

For more information, call us or visit us online:

636.394.2255 • WWW.BNSSPORTS.US/BALLWIN.PHP

CAMPERS SHOULD BRING:

9AM – NOON, MONDAY-THURSDAY • HAT, GLOVE, BAT (LABEL ALL EQUIPMENT)

Friday is the rain make-up day

2015 SUMMER CAMPS

Please mail completed form with check or credit card info to: **Balls-n-Strikes Summer Camps • 202E Ramsey Lane • Ballwin, MO 63021 • Fax: 636.394.2256**

Name _____ Birthdate ____/____/____ Group me with: _____

Address _____ 1) _____

City _____ State _____ Zip _____ 2) _____

Phone #1 _____ Phone #2 _____ 3) _____

Cell Phone _____ Email _____

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the camp.

Credit Card # (MC, VISA, Discover) _____ Exp ____/____

Credit Card Signature _____ 3 digit code _____

SESSIONS:

May 26-29 <input type="checkbox"/> Chesterfield <input type="checkbox"/> Des Peres	June 1-4 <input type="checkbox"/> Ballwin <input type="checkbox"/> Kirkwood	June 8-11 <input type="checkbox"/> Des Peres <input type="checkbox"/> Ellisville	June 15-18 <input type="checkbox"/> Des Peres	June 22-25 <input type="checkbox"/> Ballwin Vlasik <input type="checkbox"/> Chesterfield	June 29-July 2 <input type="checkbox"/> Chesterfield <input type="checkbox"/> Kirkwood	July 13-16 <input type="checkbox"/> BNS Ballwin <input type="checkbox"/> Chesterfield	July 20-23 <input type="checkbox"/> Des Peres <input type="checkbox"/> Ellisville Bluebird
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