



Balls-n-Strikes is now launching a new program, the Slump Buster Hitting Class.

These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive hitting techniques following core curriculum points developed by our staff. Our goal in these classes is for hitters to leave with a plan on what they are trying to accomplish in the cage and in the batters box. Repetitions and drills will be key.

Teaching Focus

- the stance and set up
- the load, negative movement
- lower half checkpoints, 5 critical check-downs
- the swing path, 5 ball theory
- directional hitting
- the mental approach to hitting, on-deck routine

Class Details

- call Balls-n-Strikes St. Charles at 636-474-2255 to register
- open to hitters ages 7u-14u (all groups will be set by age)
- \$220 per player
- 6 weeks, 1 hour per week
- 3:1 player to instructor ratio
- no make-up classes will be offered

Please **SELECT A CLASS BELOW** and mail form to: **Balls-n-Strikes St. Charles 4106 Ehlmann Rd, St. Peters, MO 63376**

SLUMP BUSTER HITTING CLASS

*6 weeks
1 hour per week*

JANUARY TRAINING

Saturday	1/24-2/28	10:00-11:00 <input type="checkbox"/>
Sunday	1/25-3/1	12:00-1:00 <input type="checkbox"/> 1:00-2:00 <input type="checkbox"/> 3:00-4:00 <input type="checkbox"/>
Monday	1/26-3/2	5:00-6:00 <input type="checkbox"/> 6:00-7:00 <input type="checkbox"/>
Tuesday	1/27-3/3	4:30-5:30 <input type="checkbox"/> 7:00-8:00 <input type="checkbox"/>
Wednesday	1/28-3/4	5:00-6:00 <input type="checkbox"/> 6:00-7:00 <input type="checkbox"/>
Thursday	1/29-3/5	5:30-6:30 <input type="checkbox"/>

MARCH TRAINING

Saturday	3/7-4/11	10:00-11:00 <input type="checkbox"/>
Sunday	3/8-4/12	12:00-1:00 <input type="checkbox"/> 1:00-2:00 <input type="checkbox"/> 3:00-4:00 <input type="checkbox"/>
Monday	3/9-4/13	5:00-6:00 <input type="checkbox"/> 6:00-7:00 <input type="checkbox"/>
Tuesday	3/10-4/14	4:30-5:30 <input type="checkbox"/> 7:00-8:00 <input type="checkbox"/>
Wednesday	3/11-4/15	5:00-6:00 <input type="checkbox"/> 6:00-7:00 <input type="checkbox"/>
Thursday	3/12-4/16	5:30-6:30 <input type="checkbox"/>

SLUMP BUSTER HITTING CLASS

Player Name _____ Birthdate _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____ Phone C _____

Parents Names _____ High School _____ 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 _____