Balls-n-Strikes is now launching a new program, the Dirt Bag Fielding Class.

Balls-n-Strikes is now launching a new program, the Dirt Bag Fielding Class. These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive fielding techniques following core curriculum points developed by our staff. Students choose either catching or infield for all 6 weeks.

Catchers Focus

- blocking
- receiving (primary and secondary stance)
- footwork
- throwing to second and third
- increasing pop time
- calling a game
- plays at the plate
- bunt plays

Infielders Focus

- positioning
- pre-pitch routine
- proper footwork, angles to the ball
- softhands and using the off hand
- the backhand and the forehand play
- setting feet and body in proper form for throws
- slow rollers

Class Details

- call Balls-n-Strikes St. Charles at 636-474-2255 to register
- open to fielders and catchers 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

DIRT BAG FIELDING CLASS

6 weeks
1 hour per week

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

JANUARY CATCHERS TRAINING				MARCH CATCHERS TRAINING			
Saturday	124-2/28	1:00-2:00	☐	Saturday	3/7-4/11	1:00-2:00	☐
Monday	1/26-3/2	6:00-7:00	☐	Monday	3/9-4/13	6:00-7:00	☐
Thursday	1/29-3/5	6:30-7:30	☐	Thursday	3/12-4/16	6:30-7:30	☐

JANUARY INFIELDERS TRAINING				MARCH INFIELDERS TRAINING			
Sunday	1/25-3/1	2:00-3:00	☐	Sunday	3/8-4/12	2:00-3:00	☐
		3:00-4:00	☐			3:00-4:00	☐
Thursday	1/29-3/5	7:00-8:00	☐	Thursday	3/12-4/16	7:00-8:00	☐

DIRT BAG FIELDING 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 _____