



# WINTER CAMP 2009

## Dates

December 26-28    Session 1    8:30am-10:30am  
                           Session 2    11am-1pm  
                           Session 3    1:30pm-3:30pm

December 29-31    Session 4    8:30am-10:30am  
                           Session 5    11am-1pm  
                           Session 6    1:30pm-3:30pm

## Balls-n-Strikes STRIKE 3 GUARANTEE

1. Provide the highest quality instruction
2. Provide the highest level of organization
3. Be fun for all participants

## Locations

<b>Balls-n-Strikes Ballwin</b> 203B Ramsey Lane Ballwin, MO 63021 P: 636.394.2255 F: 636.394.2256	<b>Balls-n-Strikes Fenton</b> 815 Sunpark Dr. Ste B Fenton, MO 63026 P: 636.343.2256 F: 636.326.1290	<b>Balls-n-Strikes O'Fallon</b> 1071 Cool Springs Ind. Dr O'Fallon, MO 63366 P: 636.474.2255 F: 636.474.2256	<b>Balls-n-Strikes Westport</b> 11645 Northline Ind. Blvd Maryland Heights, MO 63043 P: 314.890.2255 F: 314.993.2201
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**6 Players per Group**  
 Register Individually or as a Group/Team

**Register today for the 11th annual Balls-n-Strikes Winter Camp. This dynamic program will take players through teaching rotations each day including hitting, fielding, agility, and cageball! Campers are grouped in 6 with 1 instructor. Each session runs two hours per day for three consecutive days. The camp has sold out nine consecutive years. Requests to be with groups, teammates, and friends can be accommodated. Grab your gear and meet us for a fun-filled action packed program over the holiday break!**

## Cost

**\$95**  
 [\$85 if you register by Nov. 25]

**www.bnssports.us**

**For Franchising Opportunities**

**Call 636.394.2255**  
 or visit  
**www.bnssports.us/franchise**

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Send completed form with check or credit card info to the training facility of choice. See above for address.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone H \_\_\_\_\_ Phone W \_\_\_\_\_  
 Phone C \_\_\_\_\_ Email \_\_\_\_\_  
 T-shirt Size:    YS   YM   YL   S   M   L   XL

**Location**  
 Ballwin, MO  
 Fenton  
 O'Fallon, MO  
 Westport - St. Louis, MO

**Session**  
 Session 1     Session 4  
 Session 2     Session 5  
 Session 3     Session 6

Parent/Guardian Name & Signature \_\_\_\_\_  
I hereby authorize the director of the Balls-n-Strikes camp/program 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/program. I will be responsible for any medical or any other charges in connection with his/her attendance in this camp/program. I agree to abide by the rules and regulations of the camp/program.

Credit Card # (MC, VISA, Discover) \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_  
 Credit Card Signature \_\_\_\_\_

**Position(s)**  
 1B    2B    3B    SS  
 OF    P     C