



# Preseason Camp

This 2 night a week for 8 weeks camp is designed to concentrate on the fundamental aspects of the game - hitting, throwing and fielding. Athletes will also be trained for quickness through proven speed and agility drills each session. Hitting will take place every Monday and Thursday, Wednesday will be dedicated to fielding, throwing and mental preparation.

\$435

**HS Baseball : January 5th - Feb 25, Every Monday & Wednesday  
3:30 4:45 & 6:00**

**Youth Baseball : January 6th - Feb 26th, Every Tuesdays & Thursdays  
6:15 - 7:30**

PLEASE RETURN THE FORM TO THE FACILITY YOU WISH TO ATTEND  
OR REGISTER ONLINE AT [www.bnssports.us](http://www.bnssports.us)

**Balls-n-Strikes Bel-Aire**  
3919 N. Hillcrest Suite 3  
Bel Aire, KS 67220  
P: 316.618.1300

[click here  
to register](#)

\$435 per player

8 Weeks

## Preseason Camp

[www.bnssports.us](http://www.bnssports.us)

Send completed form with check or credit card info to Balls-n-Strikes.

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Phone C \_\_\_\_\_ Email \_\_\_\_\_

Guardian's 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV2 \_\_\_\_\_  
(# on back of card)

Credit Card Signature \_\_\_\_\_

\$435 per player

Session: **HS Baseball**  
 3:30 - 4:45     6:00 - 7:15  
 4:45 - 6:00  
 4:45 - 6:00

**Youth**  
 6:15 - 7:30

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