

AGES 7-16 | CHESTERFIELD VALLEY ATHLETIC COMPLEX

\$124 BEFORE MARCH 31

\$134 AFTER APRIL 1 \$20 OFF PER CAMPER FOR GROUPS OF 5 OR MORE



## FLITE DIAMOND SOFTBALL CLINIC

Please mail form to Balls-n-Strikes Ballwin

trekes)			2000 Kumooy En, Du	inin, mo occi	
Name			Birthdate		
Address					
City		State_	Zip		
Phone H	Phone W		Group Me With		
Phone C	Email		-		
Parent/Guardian Name & Signature_					
I hereby authorize the director of the Balls-n-Strikes camp to a participate in this camp. I will be responsible for any medical of	act for me according to his/her best judgment in an eme or any other charges in connection with his attendance	ergency requiring medical attention. at camp. I agree to abide by the rule	I know of no mental or physical problems, which es and regulations of the camp.	might affect my child's abi	lity to safely
Credit Card # (MC, VISA, Discover)				Exp	
Credit Card Signature	a		3 [	Digit Code	