



# ELITE DIAMOND

## SOFTBALL CLINIC

**HIGHLY INSTRUCTIONAL**

**INSTRUCTION AVAILABLE FOR ALL AGES AND SKILL SETS**

**AGES 7U-12U  
PLAYERS GROUPED BY AGE**

**STAFF CONSISTS OF FORMER AND CURRENT AREA COLLEGE SOFTBALL PLAYERS**

**BRING: GLOVE, BAT, WATER BOTTLE**

**CAMPS RUN MONDAY-THURSDAY  
9:00AM-NOON**

**JUNE 14-17  
JUNE 21-24  
JULY 12-15  
JULY 19-22**

**CHESTERFIELD VALLEY ATHLETIC COMPLEX  
CHESTERFIELD VALLEY ATHLETIC COMPLEX  
ELLISVILLE ATHLETIC ASSOCIATION  
CHESTERFIELD VALLEY ATHLETIC COMPLEX**

**\$135 REGULAR REGISTRATION  
AFTER APRIL 15TH**

**\$119 EARLY REGISTRATION  
BEFORE APRIL 15TH**

**\$95 GROUPS 4 OR MORE AND SIBLINGS**



### ELITE DIAMOND SOFTBALL CLINIC

**Register 3 Ways:**

1. Online at [bnssports.us/ballwin](http://bnssports.us/ballwin)
2. Mail form to Balls-n-Strikes Camps 18018 Eads Ave Chesterfield, MO 63005
3. Call 636-394-2255

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 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 \_\_\_\_\_