

# BALLS-N-STRIKES



# SOFTBALL SUMMER CAMP

## WEEK 1

### JUNE 13-16

AT CHESTERFIELD ATHLETIC ASSOCIATION

## WEEK 2

### JUNE 20-23

AT CHESTERFIELD ATHLETIC ASSOCIATION

## WEEK 3

### JULY 11-14

AT ELLISVILLE ATHLETIC ASSOCIATION

## AGES 7U-12U

## TIME 9AM-NOON

## \$135

PER PLAYER

## \$119

EARLY BIRD  
END APR 15

## \$95

GROUP &  
SIBLINGS  
PER PLAYER

Call 636-394-2255 Online [www.bnssports.us/ballwin.php](http://www.bnssports.us/ballwin.php)

Scan & Email [mcallihan@bnsmail.us](mailto:mcallihan@bnsmail.us)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Group me with: \_\_\_\_\_

Address \_\_\_\_\_ 1) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ 2) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name & Signature \_\_\_\_\_ 3) \_\_\_\_\_

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 \_\_\_\_\_

Sessions: June 13-16  June 20-23  July 11-14   
Chesterfield Chesterfield Ellisville

