



ONE-DAY

# DEFENSIVE SKILLS CLINICS

bnssports.us/ballwin.php  
636.394.2255

**\$40**

1 CLINIC

**\$70**

2 CLINICS

**\$90**

3 CLINICS

**\$100**

4 CLINICS

Balls-n-Strikes is thrilled to announce they are launching a new program this summer, ONE DAY SKILLS CLINICS! That's right, you can choose the specific skill you want to work on to improve your game. These days will be dynamic drills modeled after major college practices to teach techniques in your primary and or secondary positions.

**AGES 9-14 • 9:00-11:30 AM • CHESTERFIELD VALLEY ATHLETIC COMPLEX**

## 8 CLINICS TO CHOOSE FROM

- TUESDAY MAY 26** Corner Infield (1B and 3B)
- WEDNESDAY MAY 27** Middle Infield
- THURSDAY MAY 28** Outfield
- FRIDAY MAY 29** Baseball IQ: Teaching the game within the game
- MONDAY JUNE 15** Corner Infield (1B and 3B)
- TUESDAY JUNE 16** Middle Infield
- WEDNESDAY JUNE 17** Outfield
- THURSDAY JUNE 18** Baseball IQ: Teaching the game within the game



### ONE-DAY DEFENSIVE SKILLS CLINICS

Please mail form to Balls-n-Strikes Ballwin  
203B Ramsey Lane, Ballwin, MO 63021

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

Address \_\_\_\_\_

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

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

Parents Names \_\_\_\_\_ 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 \_\_\_\_\_

Programs:  May 26  May 27  May 28  May 29  June 15  June 16  June 17  June 18 Total Cost \$ \_\_\_\_\_