



ALL INSTRUCTORS ARE CERTIFIED AND HAVE PLAYED A MINIMUM OF COLLEGE BASEBALL

(LABEL ALL EQUIPMENT)

9 AM - 12 PM

\$169

636.394.2255

2014 TOP GUN CAMP REGISTRATION FORM

Send form completed in its entirety with check or credit card info to: Balls-n-Strikes · 203B Ramsey Lane · Ballwin, MO 63021 · Fax 636.394.2256

REGISTER ONLINE AT WWW.BNSSPORTS.US/BALLWIN.PHP

REGISTER ONLINE AT WWW.BRSSI ORTS.03/BACCWIR.I TII		
NameAddress		June 29–July 2
City		& Matt Adams Chesterfield Valley
Phone 1 Phone 2	Group Me With	Athletic Conference
Phone 3 Email		
Parent/Guardian Name & Signature_ I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/he affect my child's ability to safety participate in this camp. I will be responsible for any medical Credit Card # (MC, VISA, Discover)	er best judgment in an emergency requiring medical attention. I know of no mental of or any other charges in connection with his attendance at camp. I agree to abide by Exp/	
Credit Card Signature		
Age Group: □ 5–6 □ 7–9 □	10−12 □ 13−14 www.bi	nssports.us