

TOP GUN CAMP

"This program will sell out!"

LOCATION:
Chesterfield Valley
Athletic Complex

DATES:
July 15-18
(Tues-Fri)

TIME:
9:00am - 1:00pm

COST:
\$189

- ▶ Camper T-shirt included
- ▶ All instructors are certified and have played a minimum of college baseball
- ▶ Campers should bring: glove, bat, and sack lunch (Please Label All Equipment)

Don't miss this opportunity to participate in this dynamic summer camp program that will cover all facets of the game. Players will be taken through a series of teaching drills each day!

636.536.0560
www.bnssports.us

FEATURING: Balls-n-Strikes & Dr. George Paletta

Teaching...

Throwing Professional
Injury Approach to
Prevention Teaching
Program Hitting

FEATURING: Adam Wainwright - St. Louis Cardinals Pitcher

Instructors: *Instructors subject to change

Jerry Daniels
Former Player, St. Louis Cardinals Organization

Aaron Jaworowski
Former Player, New York Yankees Organization

Adam Jahnsen
Former Player, St. Louis Cardinals Organization

Justin Backsmeyer
Former Player, Milwaukee Brewers Organization

Mike Tyson
Former Major League Player, St. Louis Cardinals Organization

Lonnie Maclin
Former Major League Player, St. Louis Cardinals Organization

Steve Hacker
Former Player, Atlanta Braves Organization

Ross Koenig
Former Player, Detroit Tigers Organization

Jeremy Callier
Former Player, Anaheim Angels Organization

Ben Margalski
Former Player, Cleveland Indians Organization

Rick Mundy
Former Player, Chicago Cubs Organization

Brandon Smith
Former Player, Colorado Rockies Organization

Devin Collis
Former Player, Colorado Rockies Organization

Tim Egart
Former Player, San Francisco Giants Organization

Scott Kelley
Former Player, New York Yankees Organization

*Cardinals player subject to change



Send completed form with check or credit card info to: Balls-n-Strikes * 732 Crown Industrial Ct. Ste L * Chesterfield, MO 63005
OR fax form with credit card info to: 636.536.0561

Your 2008 Top Gun Camp Registration Form

Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ Email _____

Age (5-6) (7-9) (10-12) (13-14)

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes class 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 class. I will be responsible for any medical or any other charges in connection with the attendance at class. I agree to abide by the rules and regulations of the class.

Credit Card # (MC, VISA, Discover) _____ Exp. ____/____/____

Credit Card Signature _____