



# Youth Baseball Pitching 6 Week Camp

The best pitch in baseball is STRIKE ONE. Pitchers that throw strikes have good consistent throwing mechanics. This camp is designed to cover the basic pitching and throwing mechanics, including detailed instructions of wind-up, pitching from the stretch, pick-offs, fielding your position, backing up bases and covering first base. Our emphasis will be on fastball/changeup only.

**Thursdays**  
 11-3 11-10 11-17 12-1 12-8 12-15  
 closed 11-24  
 Ages 8-10 6:00 pm - 7:00 pm  
 Ages 11-14 7:00 pm - 8:00 pm

PLEASE RETURN THE FORM TO THE FACILITY YOU WISH TO ATTEND  
 OR REGISTER ONLINE AT [www.bnssports.us](http://www.bnssports.us)

**Balls-n-Strikes**  
 3919 N. Hillcrest Suite 3  
 Bel Aire, KS 67220  
 P: 316.618.1300

**Balls-n-Strikes**  
 19894 W Kellogg Suite C  
 Goddard, KS 67052  
 P: 316.550.6427

\$175 per player

4:1 player to instructor ratio

6 consecutive weeks

## Youth Hitting 6 Week Camp - Baseball/Softball

[www.bnssports.us](http://www.bnssports.us)

Send completed form with check or credit card info to Balls-n-Strikes.

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

Address \_\_\_\_\_

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

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

Phone C \_\_\_\_\_ Email \_\_\_\_\_

Guardian's 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 \_\_\_\_\_ / \_\_\_\_\_ CVV2 \_\_\_\_\_  
(# on back of card)

Credit Card Signature \_\_\_\_\_

- Age 8-10 (6-7pm)
- Age 11-14 (7-8pm)

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