



# Summer Clinics Ages 6-13

- If a camper registers for the SPORTS ZONE they will need to bring a sack lunch, Balls-N-Strikes will provide drinks.
- If a participant signs up for 2 or more clinics subtract \$10 from each clinic.
- Campers will be divided by age groups

**Campers should bring bat and glove to each clinic.**

**DETAILS:** All clinics are held inside at BALLS-N-STRIKES Brentwood (1427 Strassner) Monday through Friday at the dates and times listed.

**T-shirts** will be provided for each participant.

	June 4 to 8	June 11 to 15	June 18 to 22	June 25 to 29	July 23 to 27	July 30 to Aug 3	August 6 to 10	Pricing per clinic	
Balls-N-Strikes Clinic 9:30 to 12:00								\$120	signifies Clinic dates & times
Balls-N-Strikes Clinic 12:30 to 3:00								\$120	
Balls-N-Strikes Sports Zone 9:30 to 2:00								\$210	

### BALLS-N-SRIKES Clinic

This program focuses on taking ballplayers to the next level with skill-specific teaching stations. Campers will rotate through drills consisting of hitting, pitching, fielding, agility, run-downs, bunting, base running and much more. Each day another fun sport activity will be part of the fun

### BALLS-N-STRIKES Sports Zone

This clinic is a fun filled day of constant activity. Baseball will be the focus of the clinic but soccer, dodgeball, wiffleball, tie-dyeing and other activities will be part of the fun. We will also be playing street hockey at the Brentwood outdoor inline rink (a block walk from Balls-N-Strikes). Each participant will need to bring a sack lunch and water bottle each day. BNS will provide a snack and drink.

## Summer Clinics

314-963-1110 • www.bnssports.us

Send completed form with check or credit card info

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

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

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

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

Parent/Guardian Name & Signature \_\_\_\_\_ Total Amount Due \_\_\_\_\_

I hereby authorize the director of the Ball-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) \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

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

Programs: June 4 to 8  Morning Clinic  Afternoon Clinic

June 11 to 15  Sprots Zone

June 18 to 22  Morning Clinic  Afternoon Clinic

June 25 to 29  Sprots Zone

July 23 to 27  Morning Clinic  Afternoon Clinic

July 30 to Aug 3  Sprots Zone

Aug 6 to 10  Morning Clinic  Afternoon Clinic

**T-Shirt:**  YM  YL  S  M  L  XL