



6-Week Training Class

The Balls-n-Strikes Baseball Training Program focuses on fundamental development. The success of this program has been proven through player results over the last several years. Players select hitting, pitching, catching or fielding for the ENTIRE 6-week program.

The program is designed for players between the ages of 5 and 13 and incorporates graduation levels so players can build week-to-week and stay on track during these important fundamental development years. Players will be divided into groups of four based on age and ability.



Groups of 3 or 4 can customize their own dates and times!

Ages 5-6, 7-8, 9-10, 11-12, 12-13

- Sessions last one hour per week
- Register individually or as a group
- Make-up sessions for missed class will not be offered

March Sessions

Session 1...3pm Sundays...	3-6, 3-13, 3-20, 3-27, 4-3, 4-10
Session 2...4pm Sundays...	3-6, 3-13, 3-20, 3-27, 4-3, 4-10
Session 3...5pm Sundays...	3-6, 3-13, 3-20, 3-27, 4-3, 4-10
Session 4...5pm Mondays...	3-7, 3-14, 3-21, 3-28, 4-4, 4-11
Session 5...6pm Mondays...	3-7, 3-14, 3-21, 3-28, 4-4, 4-11
Session 6...5pm Wednesdays...	3-9, 3-16, 3-23, 3-30, 4-6, 4-13
Session 7...6pm Wednesdays...	3-9, 3-16, 3-23, 3-30, 4-6, 4-13

April Sessions

Session 1...3pm Sundays...	4-10, 4-17, 5-1, 5-8, 5-15, 5-22
Session 2...4pm Sundays...	4-10, 4-17, 5-1, 5-8, 5-15, 5-22
Session 3...5pm Sundays...	4-10, 4-17, 5-1, 5-8, 5-15, 5-22
Session 4...5pm Mondays...	4-11, 4-18, 4-25, 5-2, 5-9, 5-16
Session 5...6pm Mondays...	4-11, 4-18, 4-25, 5-2, 5-9, 5-16
Session 6...5pm Wednesdays...	4-13, 4-20, 4-27, 5-4, 5-11, 5-18
Session 7...6pm Wednesdays...	4-13, 4-20, 4-27, 5-4, 5-11, 5-18

\$175 per player

4:1 player to instructor ratio

6 consecutive weeks

BNS 6-Week Training Class

Send completed form with check to:
Balls-n-Strikes Cape Girardeau, 826 B Enterprise Dr., Cape Girardeau, MO 63701

Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ 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.

Program: Hitting Fielding Pitching Catching

Session: 1 2 3 4 5 6 7

Month: March April

573.803.1099 www.bnssports.us