

**Pre-Thanksgiving One-Day Clinics**

Saturday November 19th

 Session 1 Hitting 6th – 8th graders 8:30am-10:30pm

 During this session hitters will be put through a series of hitting drills working on mechanics and fundamentals of hitting.

 Session 2 Pitching 6th – 8th graders 11:00am-1:00pm

 During this session, pitchers will work on pitching mechanics as well as pick-offs and off-speed pitches.

**Cost:** $40 each session or $75 for both

**Pre-Thanksgiving 2-Day Clinics**

Saturday November 19th and Sunday 20st

 Session 3 1st graders-3rd graders 1:30am-3:30am Session 4 4th graders-6th graders 4:00pm-6:00pm

Balls-N-Strikes, Cape Girardeau indoor facility will be holding our annual Pre Thanksgiving Clinics. Each session will be two days for two hours each day. This program will take players through teaching rotations including hitting, pitching, and fielding. Requests to be with groups, teammates, and friends can be accommodated. Grab your gear and meet us for a fun-filled, action-packed program.

**Cost:** $80

Send Completed Form with check made out to Balls-N-Strikes to the address listed below and call 573-803-1099 to reserve your spot.
Balls N Strikes 826 B Enterprise Cape Girardeau, MO 63701

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle Session(s) You Wish to Attend: 1 2 3 4

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 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.