



WINTER CAMP

2008

Dates and times for Columbia MO ONLY

December 22-24 Session 1 11:00am-1:00pm
 Session 2 1:00pm-3:00pm

December 29-31 Session 3 9:00am-11:00am
 Session 4 11:00am-1:00pm
 Session 5 1:00pm-3:00pm

Balls-n-Strikes STRIKE 3 GUARANTEE

1. Provide the highest quality instruction
2. Provide the highest level of organization
3. Be fun for all participants

Locations

Balls-n-Strikes Columbia 2100 Corporate Pl Columbia, MO 65202 P: 573.449.2255 F: 573.449.2256	Balls-n-Strikes Gravois Bluffs 815 Sunpark Dr. Ste B Fenton, MO 63026 P: 636.394.2255 F: 636.394.2256	Balls-n-Strikes O'Fallon 1071 Cool Springs Ind. Dr O'Fallon, MO 63366 P: 636.474.2255 F: 636.474.2256	Balls-n-Strikes Westport 11645 Northline Ind. Blvd Maryland Heights, MO 63043 P: 314.890.2255 F: 314.993.2201
------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

6 Players per Group
Register Individually or as a Group/Team

Register today for the 10th annual Balls-n-Strikes Winter Camp. This dynamic program will take players through teaching rotations each day including hitting, fielding, agility, and whiffleball! Campers are grouped in 6 with 1 instructor. Each session runs two hours per day for three consecutive days. The camp has sold out nine consecutive years. Requests to be with groups, teammates, and friends can be accommodated. Grab your gear and meet us for a fun-filled action packed program over the holiday break!

Cost

\$95

[\$85 if you register by Dec 6 Columbia only]

www.bnssports.us

For Franchising Opportunities

**Call 636.394.2255
or visit**

www.bnssports.us/franchise

WINTER CAMP 2008

Send completed form with check or credit card info to the training facility of choice. See above for address.

Name _____ Birthdate _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ Email _____

T-shirt Size: YS YM YL S M L XL

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes camp/program 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/program. I will be responsible for any medical or any other charges in connection with his/her attendance in this camp/program. I agree to abide by the rules and regulations of the camp/program.

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

Credit Card Signature _____

Location

- Columbia, MO
- Gravois Bluffs
- O'Fallon, MO
- Westport - St. Louis, MO

Session

- Session 1
- Session 2 Softball
- Session 3 Baseball
- Session 4
- Session 5