www.bnssports.us



Winter Never Get Cheated Hitting Camps - Ages 8-14

This camp employs "Never Get Cheated" philosophies, techniques and drills that are proven keys to better hitting. Players will rotate through a variety of different stations in an educational and fun enviornment.

This is an excellent camp for the beginner to get some great instruction on the fundamentals of hitting or for the experienced youth to knock of the rust from the long off season in preparation for the upcoming spring and summer.

Every Saturday in February 4, 11, 18, 25 - \$100		
Baseball Baseb	ball	Softballl
9-10am 10-11;	am	11-Noon
Every Thursday in March 1, 8, 15, 22 - \$100		
Baseball	iπ 1, 0, 10, 22 - φ10	
		Softballl
6-7pm		7:15-8:15
PLEASE RETURN THE FORM TO THE FACILITY YOU WISH TO ATTEND OR REGISTER ONLINE AT www.bnssports.usBalls-n-StrikesBalls-n-Strikes3919 N. Hillcrest Suite 319894 W Kellogg Suite CBel Aire, KS 67220Goddard, KS 67052P: 316.618.1300P: 316.550.6427		
\$100 per player/session 4:1 player to i		4 consecutive weeks
	Send completed form with ch	www.bnssports.us eck or credit card info to Balls-n-Strikes.
Name	·	
NameAddress	Birthdate	eck or credit card info to Balls-n-Strikes.
	Birthdate	eck or credit card info to Balls-n-Strikes.
Address	Birthdate	eck or credit card info to Balls-n-Strikes.
Address State	Birthdate Zip	eck or credit card info to Balls-n-Strikes.
Address   City   State   Phone H   Phone C   Email   Guardian's Signature	Birthdate Zip ne W	eck or credit card info to Balls-n-Strikes.
Address        CityState        Phone HPhone        Phone CEmail        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 my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges	Birthdate Zip ne W il n an emergency requiring medical attention. I know of in connection with his attendance at camp. I agree t	A constant of the series of the camp.
Address        CityState        Phone HPhone        Phone CEmail        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 my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges        Credit Card # (MC, VISA, Discover)	Birthdate Zip ne W il n an emergency requiring medical attention. I know of in connection with his attendance at camp. I agree t	eck or credit card info to Balls-n-Strikes.
Address        CityState        Phone HPhone        Phone CEmail        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 my child's ability to safety participate in this camp. I will be responsible for any medical or any other charges	Birthdate Zip ne W il n an emergency requiring medical attention. I know of in connection with his attendance at camp. I agree t	A constant of the series of the camp.