



# Family Pass

[www.bnssports.us](http://www.bnssports.us)

\$1 per day

### Pass Details:

- Good for all family members
- Can be used during regular business hours (check [www.bnssports.us](http://www.bnssports.us) for updated hours of operation)
- Includes all equipment in the facility
- Can be used on a walk-in basis ONLY subject to cage availability
- Valid only at the facility purchased

### Family Pass Option (valid only at BNS location that pass is purchased)

Option 1 Family Pass 2 months (Apr 1 – Oct 31. Valid 2 months from purchase date) \$60

### Family Pass Option (valid only at BNS location that pass is purchased)

Option 2 Family Pass 4 months (Apr 1 – Oct 31. Valid 4 months from purchase date) \$100

### Private Lesson Option

Option 3 Purchase 8 private lessons, get a 4 month family pass FREE! \$320

### Team Pass Option

Option 4 Team Pass 8 months (Apr – Oct 31) \$480



Please return the registration form to the Balls-n-Strikes facility of your choice

Balls-n-Strikes Ballwin  
203B Ramsey Ln.  
Ballwin, MO 63021  
P: 636.394.2255  
F: 636.394.2256

Balls-n-Strikes Belleville  
2346 Mascoutah Ave.  
Belleville, IL 62220  
P: 618.207.4549  
F: 618.233.4766

Balls-n-Strikes Fenton  
815 Sun Park Suite B  
Fenton, MO 63026  
P: 636.343.2256  
F: 636.326.1290

Balls-n-Strikes South County  
11133 Lindbergh Business Ct.  
St. Louis, MO 63123  
P: 314.845.2255

Balls-n-Strikes Westport  
11645 Northline Ind. Blvd.  
Maryland Heights, MO 63043  
P: 314.890.2255  
F: 314.993.2201

## 2011 Family Pass Registration Form

Send completed form with check or credit card info to the Balls-n-Strikes facility of your choice

Parent(s) Name(s) \_\_\_\_\_

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.

Credit Card # (MC, VISA, Discover) \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

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

### Pass:

- Option 1
- Option 2
- Option 3
- Option 4

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_