



# SUMMER CAMP

## \$129

- Regular registration

## \$119

- Early registration (by May 1)
- 2 or more siblings registering together

## \$105

- Register for 2 or more camps
- Groups of 4 or more

For more information, call us at **314.845.2255** or visit us online at [www.bnssports.us](http://www.bnssports.us)

### Balls-n-Strikes Summer Camp (Ages 5-8)

This dynamic program is loaded with drills to stress the FUN-damentals of the game. Campers will cycle through teaching stations each day featuring hitting, throwing, fielding, base running and agility. The Rookie Camp focuses on teaching ballplayers sportsmanship, camaraderie, and the right way to play the game.

### Balls-n-Strikes Summer Camp (Ages 9-12)

This program focuses on taking ballplayers to the next level with skill-specific teaching stations. Campers will rotate through drills consisting of hitting, pitching, fielding, agility, run-downs, bunting, base running, cut-offs and relays, plus much more.

\*All camps end each camp day with a World Series game!

### Campers should bring

hat, glove, bat, water bottle  
(Please label all equipment)

### Details

Camps run 9 a.m.-12 p.m.  
Monday-Thursdays (Friday is the rain make-up day)

## June 18-21

Affton Athletic Association

## July 9-12

Affton Athletic Association

## July 23-26

Beat-the-Heat

Inside BNS South County Facility

11133 Lindbergh Business Ct, St. Louis, MO 63123

## 2012 Summer Camps

Please mail completed form with check or credit card info to:  
Balls-n-Strikes Summer Camps • 11133 Lindbergh Business Ct • St. Louis, MO • 63123 • Fax: 314.845.2263

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ 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 \_\_\_\_\_ 3 digit code \_\_\_\_\_

**Sessions:** **June 18-21**  
 Affton Athletic Association

**July 9-12**  
 Affton Athletic Association

**July 23-26**  
 BNS South County (11133 Lindbergh Business Ct, St. Louis, MO 63123)

### Camp Type:

Summer Camp (Ages 5-8)

Summer Camp (Ages 9-12)

Group me with:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

