



6-Week Training Class

The Balls-n-Strikes Baseball Training Program focuses on fundamental development. The success of this program has been proven through player results over the last several years. Players select hitting, pitching, catching or fielding for the ENTIRE 6-week program.

The program is designed for players between the ages of 5 and 13 and incorporates graduation levels so players can build week-to-week and stay on track during these important fundamental development years. Players will be divided into groups of four based on age and ability.

September	Sundays (3-4 pm, 4-5 pm, 5-6 pm)	9-16	9-23	9-30	10-7	10-14	10-21
	Mondays (5-6 pm, 6-7 pm)	9-17	9-24	10-1	10-8	10-15	10-22
	Wednesdays (5-6 pm, 6-7 pm)	9-19	9-26	10-3	10-10	10-17	10-24
November	Sundays (3-4 pm, 4-5 pm, 5-6 pm)	11-11	11-18	11-25	12-2	12-9	12-16
	Mondays (5-6 pm, 6-7 pm)	11-12	11-19	11-26	12-3	12-10	12-17
	Wednesdays (5-6 pm, 6-7 pm)	11-14	11-21	11-28	12-5	12-12	12-19
January	Sundays (3-4 pm, 4-5 pm, 5-6 pm, 6-7 pm, 7-8 pm)	1-13	1-20	1-27	2-3	2-10	2-17
	Mondays (5-6 pm, 6-7 pm, 7-8 pm)	1-14	1-21	1-28	2-4	2-11	2-18
	Wednesdays (5-6 pm, 6-7 pm, 7-8 pm)	1-16	1-23	1-30	2-6	2-13	2-20
	Saturdays (9-10 am, 10-11 am, 11-12 pm)	1-19	1-26	2-2	2-9	2-16	2-23
February	Sundays (3-4 pm, 4-5 pm, 5-6 pm, 6-7 pm, 7-8 pm)	2-24	3-3	3-10	3-17	3-24	3-31
	Mondays (5-6 pm, 6-7 pm, 7-8 pm)	2-25	3-4	3-11	3-18	3-25	4-1
	Wednesdays (5-6 pm, 6-7 pm, 7-8 pm)	2-27	3-6	3-13	3-20	3-27	4-3
	Saturdays (9-10 am, 10-11 am, 11-12 pm)	3-2	3-9	3-16	3-23	3-30	4-6
April	Sundays (3-4 pm, 4-5 pm, 5-6 pm)	4-14	4-21	4-28	5-5	5-12	5-19
	Mondays (5-6 pm, 6-7 pm)	4-15	4-22	4-29	5-6	5-13	5-20
	Wednesdays (5-6 pm, 6-7 pm)	4-17	4-24	5-1	5-8	5-15	5-22

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

Balls-n-Strikes Chesterfield
 18018 Eads Avenue
 Chesterfield, MO 63005
 P: 636.519.0445
 F: 636.519.0447

Balls-n-Strikes St. Charles
 4160 Ehlmann Drive
 St. Peters, MO 63376
 P: 636.474.2255
 F: 636.922.9293

\$175 per player

4:1 player to instructor ratio

6 consecutive weeks



6-Week Training Class

www.bnssports.us

Send completed form with check or credit card info to the facility of choice.

Name _____ Birthdate ____/____/____

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 _____ 3 Digit Code _____ Group Me With: _____

Program: Hitting Fielding
 Pitching Catching

Location: Chesterfield
 St. Peters

Month: Sep Nov Jan Feb Apr

Time: 9-10 am 10-11 am 11-12 pm 3-4 pm
 4-5 pm 5-6 pm 6-7 pm 7-8 pm

Day: Saturday
 Sunday
 Monday
 Wednesday