

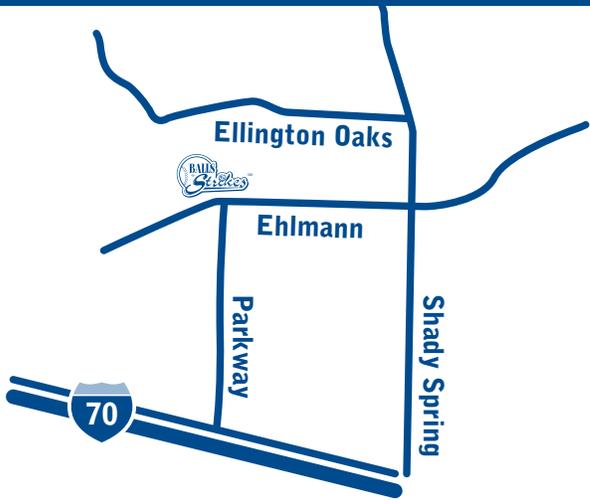


# 6-Week Training Class

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.

<b>January</b>	Sundays (3-4 pm, 4-5 pm, 5-6 pm)	1-13	1-20	1-27	2-3	2-10	2-17
	Mondays (5-6 pm, 6-7 pm)	1-14	1-21	1-28	2-4	2-11	2-18
	Wednesdays (5-6 pm, 6-7 pm)	1-16	1-23	1-30	2-6	2-13	2-20
	Saturday (9-10 am, 10-11 am, 11-12 pm)	1-19	1-26	2-2	2-9	2-16	2-23
<b>March</b>	Sundays (3-4 pm, 4-5 pm, 5-6 pm)	2-24	3-3	3-10	3-17	3-24	3-31
	Mondays (5-6 pm, 6-7 pm)	2-25	3-4	3-11	3-18	3-25	4-1
	Wednesdays (5-6 pm, 6-7 pm)	2-27	3-6	3-13	3-20	3-27	4-3
	Saturday (9-10 am, 10-11 am, 11-12 pm)	3-2	3-9	3-16	3-23	3-30	4-6
<b>April</b>	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



**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

Send completed form with check or credit card info to: 4160 Ehlmann Drive, St. Peters, MO 63376

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

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

