



NEW PACKAGES AVAILABLE FOR 2015!

GET A GREAT VALUE WITH OUR LESSON PACKAGES

Want to take one-on-one lessons with an instructor but don't have a definitive schedule? Our lesson package options provide a great value. Schedule each individual lesson with our office when there is availability – no need to schedule all classes at once. Each lesson is 30 minutes in duration. (Each lesson package must be paid in full before scheduling the first lesson.)

Individual Lesson	\$45	
4-Lesson Package	\$170	(\$42.50)
6-Lesson Package	\$255	(\$42.50)
8-Lesson Package	\$320	(\$40.00)
12-Lesson Package	\$450	(\$37.50)

DEVELOP SKILLS WITH YOUR FRIENDS IN TRAINING CLASSES

- Ages 5–6, 7–8, 8–9, 10–11, 12–13
- 4:1 Student-to-instructor ratio
- Same instructor every class, 1 hour in duration
- Must sign up as a group with at least 3-4 players
- Focus on hitting, catching, pitching and fielding
- Class availability: Monday–Friday 4–9pm, Saturday 9am–6pm, Sunday noon–9pm
- Come in at the same day and time every week! (unless other arrangements are made in advance. No rescheduling once dates are mutually agreed upon.)

6-Week Training Class	\$199	(\$33.17)
8-Week Training Class	\$259	(\$32.38)

Balls-n-Strikes St. Charles

4160 Ehlmann Road, St. Peters, MO 63376
 P: 636.474.2255 • F: 636.922.9293



NOW YOU CAN NOW SIGN UP ONLINE!

Go to www.bnssports.us/st-charles.php and fill out the online form, no need to fill out the form below! Though if you prefer the old fashioned way, we're good with that too.

Please mail form to **Balls-n-Strikes St. Charles, 4160 Ehlmann Rd., St. Peters, MO 63376**



2015 Lesson Packages and Training Classes

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 _____

PLAYERS IN GROUP

Player 1 _____

Player 2 _____

Player 3 _____

Package	<input type="checkbox"/> Individual	<input type="checkbox"/> 4-Lesson	<input type="checkbox"/> 6-Lesson	<input type="checkbox"/> 8-Lesson	<input type="checkbox"/> 12-Lesson	Training Class	<input type="checkbox"/> 6-Week	<input type="checkbox"/> 8-Week											
Program	<input type="checkbox"/> Hitting	<input type="checkbox"/> Pitching	<input type="checkbox"/> Catching	<input type="checkbox"/> Fielding	Month	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	Day	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
					Time	<input type="checkbox"/> 9–10 am	<input type="checkbox"/> 10–11 am	<input type="checkbox"/> 11–12 pm	<input type="checkbox"/> 3–4 pm	<input type="checkbox"/> 4–5 pm	<input type="checkbox"/> 5–6 pm	<input type="checkbox"/> 6–7 pm	<input type="checkbox"/> 7–8 pm						