



2011-2012 Family Pass

Pass Details:

- Good for all family members
- Includes all equipment in the facility
- Can be used on a walk-in basis ONLY, subject to cage availability
- Recommended to be used during off-peak hours
- Valid only at the BNS Facility where pass is purchased
- Valid for one year from date of purchase

Payment Option 1

\$240 at time of purchase

Payment Option 2

\$30/month for 12 months

- A credit card must be left on file
- The first month's payment is due at the time of purchase
- Card will be charged on the same day every month for the full year

Recommended Off-Peak Hours

Mon-Thu	Before 5 pm, After 8 pm
Friday	All Day
Saturday	After 2 pm
Sunday	Before 1 pm

Balls-n-Strikes Ballwin

203B Ramsey Ln.
Ballwin, MO 63021
P: 636.394.2255
F: 636.394.2256

Balls-n-Strikes Chesterfield

18018 Eads Ave.
Chesterfield, MO 63005
P: 636.519.0445
F: 636.519.0447

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 St. Peters

4160 Ehlmann Dr.
St. Peters, MO 63376
P: 636.477.3200
F: 636.922.9293

Balls-n-Strikes Westport

11645 Northline Ind. Blvd.
Maryland Heights, MO 63043
P: 314.890.2255
F: 314.993.2201

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

2011-2012 Family Pass Registration Form

Please return form 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 _____ / _____ CVV _____

Credit Card Signature _____

- Option 1
\$240
- Option 2
\$30 / month
for 12 months

- Ballwin
- Chesterfield
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- South County
- St. Peters
- Westport

Child _____ Birthday _____

Child _____ Birthday _____

Child _____ Birthday _____

Child _____ Birthday _____