



These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive hitting techniques following core curriculum points developed by our staff. Our goal in these classes is for hitters to leave with a plan on what they are trying to accomplish in the cage and in the batters box. Repetitions and drills will be key.

### Teaching Focus

- the stance and set up
- the load, negative movement
- lower half checkpoints, 5 critical check-downs
- the swing path, 5 ball theory
- directional hitting
- the mental approach to hitting, on-deck routine

### Class Details

- call Balls-n-Strikes St. Charles at 636-474-2255 to register
- open to hitters ages 7u-14u (all groups will be set by age)
- \$220 per player
- 6 weeks, 1 hour per week
- 3:1 player to instructor ratio
- no make-up classes will be offered

Please **SELECT A CLASS BELOW** and mail form to: **Balls-n-Strikes St. Charles 4106 Ehlmann Rd, St. Peters, MO 63376**

## NOVEMBER TRAINING

<b>Saturday</b>	<b>11/12-12/17</b>	10:00-11:00 <input type="checkbox"/>
		12:30-1:30 <input type="checkbox"/>
<b>Sunday</b>	<b>11/13-12/18</b>	12:30-1:30 <input type="checkbox"/>
		3:00-4:00 <input type="checkbox"/>
		4:00-5:00 <input type="checkbox"/>
<b>Monday</b>	<b>11/14-12/19</b>	4:00-5:00 <input type="checkbox"/>
		5:00-6:00 <input type="checkbox"/>
<b>Wednesday</b>	<b>11/16-12/21</b>	5:00-6:00 <input type="checkbox"/>
		6:00-7:00 <input type="checkbox"/>

# SLUMP BUSTER HITTING CLASS

*6 weeks*  
*1 hour per week*

## SLUMP BUSTER HITTING CLASS

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

Address \_\_\_\_\_

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

Phone H \_\_\_\_\_ Phone W \_\_\_\_\_ Phone C \_\_\_\_\_

Parents Names \_\_\_\_\_ High School \_\_\_\_\_ 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 \_\_\_\_\_