



These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive fielding techniques following core curriculum points developed by our staff. Students choose either catching or infield for all 6 weeks.

Class Details

- call Balls-n-Strikes St. Charles at 636-474-2255 to register
- open to fielders and catchers 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

Catchers Focus

- blocking
- receiving (primary and secondary stance)
- footwork
- throwing to second and third
- increasing pop time
- calling a game
- plays at the plate
- bunt plays

Infielders Focus

- positioning
- pre-pitch routine
- proper footwork, angles to the ball
- softhands and using the off hand
- the backhand and the forehand play
- setting feet and body in proper form for throws
- slow rollers

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

SEPTEMBER TRAINING

INFIELDERS

Monday	9/26-10/31	5:00-6:00 <input type="checkbox"/>	6:00-7:00 <input type="checkbox"/>
Wednesday	9/28-11/2	6:00-7:00 <input type="checkbox"/>	7:00-8:00 <input type="checkbox"/>
Thursday	9/29-11/3	4:00-5:00 <input type="checkbox"/>	5:00-6:00 <input type="checkbox"/>
Friday	9/30-11/4	5:00-6:00 <input type="checkbox"/>	6:00-7:00 <input type="checkbox"/>
Sunday	10/2-11/6	3:00-4:00 <input type="checkbox"/>	4:00-5:00 <input type="checkbox"/>

CATCHERS

Thursday	9/29-11/3	6:00-7:00 <input type="checkbox"/>
Sunday	10/2-11/6	4:00-5:00 <input type="checkbox"/>

DIRT BAG FIELDING CLASS

*6 weeks
1 hour per week*

DIRT BAG FIELDING 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 _____