



Balls-n-Strikes is now launching a new program, the Bullpen Pitching Class.

These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive pitching techniques following core curriculum points developed by our staff. The focus throughout the class will be teaching proper fundamental pitching mechanics with the purpose of preventing arm injury and increasing pitch control.

Teaching Focus

- increasing velocity
- the stretch and the wind up
- throwing injury prevention
- pitching to location
- the change-up
- mental aspect of pitching

Class Details

- call Balls-n-Strikes St. Charles at 636-474-2255 to register
- open to pitchers ages 8u-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

BULLPEN PITCHING CLASS

*6 weeks
1 hour per week*

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

JANUARY TRAINING

FEBRUARY TRAINING

Monday	1/11-2/15	4:30-5:30 <input type="checkbox"/>	Tuesday	2/23-3/29	5:00-6:00 <input type="checkbox"/>
		6:00-7:00 <input type="checkbox"/>	Friday	2/26-4/1	6:00-7:00 <input type="checkbox"/>
Tuesday	1/12-2/16	4:30-5:30 <input type="checkbox"/>	Saturday	2/27-4/2	10:00-11:00 <input type="checkbox"/>
Friday	1/15-2/19	6:00-7:00 <input type="checkbox"/>			11:00-12:00 <input type="checkbox"/>
Saturday	1/16-2/20	9:00-10:00 <input type="checkbox"/>	Sunday	2/28-4/3	1:00-2:00 <input type="checkbox"/>
		10:00-11:00 <input type="checkbox"/>		<i>(no class 3/27)</i>	2:00-3:00 <input type="checkbox"/>
Sunday	1/17-2/21	1:00-2:00 <input type="checkbox"/>			3:00-4:00 <input type="checkbox"/>
	<i>(no class 2/7)</i>	2:00-3:00 <input type="checkbox"/>			4:00-5:00 <input type="checkbox"/>
		3:00-4:00 <input type="checkbox"/>			
		4:00-5:00 <input type="checkbox"/>			

BULLPEN PITCHING 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 _____