



# Family Pass

[www.bnssports.us](http://www.bnssports.us)

**Best Value!**

**Family Pass Options** (valid only at BNS location that pass is purchased)

- Option 1 Family Pass 4 months (April through July **OR** August through November) \$100
- Option 2 Family Pass 8 months (April through November) \$175

**Family Pass Hopper Options** (valid at BNS Ballwin, Fenton, Westport or O'Fallon)

- Option 3 Family Pass Hopper 4 months (April through July **OR** Aug. through Nov.) \$150
- Option 4 Family Pass Hopper 8 months (April through November) \$250

**Private Lesson Option**

- Option 5 Purchase 8 private lessons, get a 4 month family pass FREE! \$320

**Team Pass Option**

- Option 6 Team Pass 8 months (April through November) \$480



**Pass Details:**

- Good for all family members
- Can be used during regular business hours (check [www.bnssports.us](http://www.bnssports.us) for updated hours of operation)
- Includes all equipment in the facility
- Can be used on a walk-in basis **ONLY** subject to cage availability
- Valid only at the facility purchased at (except Family Pass Hopper)

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

Balls-n-Strikes Ballwin  
203B Ramsey Lane  
Ballwin, MO 63021  
P: 636.394.2255  
F: 636.394.2256

Balls-n-Strikes Fenton  
815 Sun Park Suite B  
Fenton, MO 63026  
P: 636.343.2256  
F: 636.326.1290

Balls-n-Strikes O'Fallon  
1071 Cool Springs Ind. Dr.  
O'Fallon, MO 63366  
P: 636.474.2255  
F: 636.474.2256

Balls-n-Strikes Westport  
11645 Northline Ind. Blvd.  
Maryland Heights, MO 63043  
P: 314.890.2255  
F: 314.993.2201

## 2010 Family Pass Registration Form

Send completed form with check or credit card info to the Balls-n-Strikes facility of your choice

Parent(s) Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone H \_\_\_\_\_ Phone W \_\_\_\_\_  
 Phone C \_\_\_\_\_ Email \_\_\_\_\_

- Pass:**
- Option 1
  - Option 2
  - Option 3
  - Option 4
  - Option 5
  - Option 6

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 \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_

Child \_\_\_\_\_ Birthday \_\_\_\_\_