



WINTER CAMP 2009

Dates

December 26-28 Session 1 8:30am-10:30am
 Session 2 11am-1pm
 Session 3 1:30pm-3:30pm

December 29-31 Session 4 8:30am-10:30am
 Session 5 11am-1pm
 Session 6 1:30pm-3:30pm

Balls-n-Strikes STRIKE 3 GUARANTEE

1. Provide the highest quality instruction
2. Provide the highest level of organization
3. Be fun for all participants

Locations

Balls-n-Strikes Ballwin 203B Ramsey Lane Ballwin, MO 63021 P: 636.394.2255 F: 636.394.2256	Balls-n-Strikes Fenton 815 Sunpark Dr. Ste 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
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6 Players per Group
 Register Individually or as a Group/Team

Register today for the 11th annual Balls-n-Strikes Winter Camp. This dynamic program will take players through teaching rotations each day including hitting, fielding, agility, and cageball! Campers are grouped in 6 with 1 instructor. Each session runs two hours per day for three consecutive days. The camp has sold out nine consecutive years. Requests to be with groups, teammates, and friends can be accommodated. Grab your gear and meet us for a fun-filled action packed program over the holiday break!

Cost

\$95
 [\$85 if you register by Nov. 25]

www.bnssports.us

For Franchising Opportunities

Call 636.394.2255
 or visit
www.bnssports.us/franchise

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Send completed form with check or credit card info to the training facility of choice. See above for address.

Name _____ Birthdate _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ Email _____

T-shirt Size: YS YM YL S M L XL

Location

Ballwin, MO
 Fenton
 O'Fallon, MO
 Westport - St. Louis, MO

Session

Session 1 Session 4
 Session 2 Session 5
 Session 3 Session 6

Position(s)

1B 2B 3B SS
 OF P C

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes camp/program 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/program. I will be responsible for any medical or any other charges in connection with his/her attendance in this camp/program. I agree to abide by the rules and regulations of the camp/program.

Credit Card # (MC, VISA, Discover) _____ Exp _____ / _____

Credit Card Signature _____