



203B Ramsey Lane
Ballwin, MO 63021

www.bnssports.us



PEAK SEASON FAMILY PASS

VISIT US ONLINE AT WWW.BNSSPORTS.US

PURCHASE YOUR FAMILY PASS TODAY!

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 South County
11133 Lindbergh Business Court
St. Louis, MO 63123
P: 314.845.2255

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



Balls-n-Strikes has produced 121 Major League draft picks and over 10,000 students that played collegiate baseball

SM PEAK SEASON FAMILY PASS

visit us online at www.bnssports.us

\$100 PER FAMILY

PASS DETAILS:

- Good for all family members
- Can be used during regular business hours (check 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

- VALID DECEMBER 1, 2010 THROUGH MARCH 31, 2011
- PASS ONLY VALID AT THE FACILITY PURCHASED
- UNLIMITED FACILITY USE ON A WALK-IN BASIS ONLY, CANNOT RESERVE A CAGE
- PASS VALID MONDAY-FRIDAY BEFORE 5:30PM OR AFTER 8:30PM
- PASS VALID SATURDAYS FROM 2:30-CLOSE
- PASS VALID SUNDAYS FROM OPEN-1:00

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PLEASE RETURN THE REGISTRATION FORM TO THE BALLS-N-STRIKES FACILITY OF YOUR CHOICE

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2011 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 _____

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 _____