



SPEED AND AGILITY

PARTNERED WITH INNOVATIVE FITNESS DEVELOPMENT

BALLS-N-STRIKES HAS RECENTLY TEAMED-UP WITH INNOVATIVE FITNESS DEVELOPMENT (IFD) TO PROVIDE THE MOST PROGRESSIVE, COMPREHENSIVE, STATE-OF-THE-ART BASEBALL SPEED AND AGILITY TRAINING PROGRAMS IN THE MIDWEST. BALLS-N-STRIKES' REPUTATION, COUPLED WITH IFD'S UNRIVALED EXPERTISE, ASSURES EACH AND EVERY ATHLETE THAT ENROLLS IN THE SPEED AND AGILITY PERFORMANCE TRAINING PROGRAM WILL MAXIMIZE HIS OR HER FULL ATHLETIC POTENTIAL... WOULD'N'T YOU LIKE TO SEE HOW GOOD YOU REALLY ARE?

OPTION 1

4 WEEKS
8 - 1/2 HOUR
PRIVATE SESSIONS

\$320

OPTION 2

8 WEEKS
16 - 1/2 HOUR
PRIVATE SESSIONS
PLUS 2 FREE 30 MINUTE
BONUS SESSIONS

\$640

OPTION 3

16 WEEKS
32 - 1/2 HOUR
PRIVATE SESSIONS
PLUS 4 FREE 30 MINUTE
BONUS SESSIONS

\$1,280



BASEBALL/SOFTBALL-SPECIFIC, SPEED AND AGILITY PERFORMANCE TRAINING INCLUDES METHODS USED TO INCREASE SPEED, AGILITY, STRENGTH, POWER, AND FLEXIBILITY, ALL THE WHILE TAKING A PREEMPTIVE APPROACH TO INJURY PREVENTION. NO MATTER WHAT YOUR ROLE IS ON THE DIAMOND, IFD'S STATE-OF-THE-ART TRAINING METHODS ARE SPECIFICALLY DESIGNED TO IMPROVE YOUR ATHLETIC PERFORMANCE BY FOCUSING ON:

- CORE MUSCULAR STRENGTH
- MUSCULAR EXPLOSIVENESS
- MUSCULAR ENDURANCE
- BODY COMPOSITION
- CARDIOVASCULAR ENDURANCE

- EVERY SESSION IS WITH A CERTIFIED IFD INSTRUCTOR
- REGISTER INDIVIDUALLY OR AS A GROUP
- SET YOUR OWN TIMES/SCHEDULES

LOCATIONS

BNS BALLWIN 636-394-2255	BNS GRAVOIS BLUFFS 636-343-2256
BNS O'FALLON 636-474-2255	BNS WESTPORT 314-890-2255



Mail or fax completed form with check or credit card info to facility of choice:

Name _____ Birthdate _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ Email _____

T-shirt Size: _____

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 _____

Option:

- Option 1
- Option 2
- Option 3

Location:

- Balls-n-Strikes Ballwin**
203B Ramsey Lane
Ballwin, MO 63021
P: 636-394-2255
F: 636-394-2256
- Balls-n-Strikes Gravois Bluffs**
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