



2009 Cageball League

Balls-n-Strikes is taking registration for their indoor cage ball league! Put your team of 4-8 players together and bring your offense! Balls-n-Strikes will keep league standings, set schedules, and coordinate the league. Don't miss this chance to compete in some non-stop cage ball action!

Opening Night is January 30!

Balls-n-Strikes Ballwin
Fridays, Saturdays, Sundays

Balls-n-Strikes Gravois Bluffs
Fridays, Saturdays, Sundays

Balls-n-Strikes O'Fallon
Thursdays, Fridays, Saturdays

Balls-n-Strikes Westport
Saturdays

8 Weeks. Limit of 10 teams per league

- Machine pitch for all age groups
- Scoring point system is used
- Home team always gets last at bat
- Schedule provided prior to week 1 (game slots will rotate randomly)
- 8 at bats per inning (play double innings)
- 9 inning or 50 minute time limit (whatever comes first)
- Official rules sheet handed out during week 1
- Coaches of each team umpire each game
- Scores get turned into front desk after game for standings update

\$400 per team. 8 players per team (4 player minimum)

Must pay with one check or payment per team (no individual registrations).

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

Balls-n-Strikes Gravois Bluff
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

Age Groups

- 3rd and 4th grades
- 5th and 6th grades
- 7th and 8th grades



For more information visit bnssports.us

2009 Cageball League

Team Captain Name _____
 Address _____
 City _____
 State _____ Zip _____ Birthdate ____/____/____
 Phone H _____ Phone W _____
 Phone C _____ Email _____

	3rd/4th	5th/6th	7th/8th
Ballwin, MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravois Bluffs, MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Fallon, MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Westport, MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Player #2 _____

Player #3 _____

Player #4 _____

Player #5 _____

Player #6 _____

Player #7 _____

Player #8 _____

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