



203B Ramsey Lane  
Ballwin, MO 63021

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



## PEAK SEASON FAMILY PASS

VISIT US ONLINE AT [WWW.BNSSPORTS.US](http://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](http://www.bnssports.us)

## \$100 PER FAMILY

### 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

- 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 \_\_\_\_\_