

For more information, please call 636.394.2255 or visit www.bnssports.us

2011 Softball Summer Camp Registration Form
Send completed form with check or credit card info to: Balls-n-Strikes Softball Summer Camps • 203B Ramse

Manchester Ballpark

Ellisville Athletic Association

Send completed form with check of	or credit card info to: Balls-n-Strikes Sc	oftball Summer Camps • 203B	Ramsey Lane • Ballwi	n, M0 63021 • Fax 636.394.2256
Name			Birthdate	
Address				
Phone H		Phone W		
Phone C				
I hereby authorize the director of the Balls-n-Strikes can	ITE Imp to act for me according to his/her best judgment in an emer edical or any other charges in connection with his attendance a	rgency requiring medical attention. I know of n	o mental or physical problems, which	ch might affect my child's ability to safely
Credit Card # (MC, VISA, Discove	er)			/_
Credit Card Signature				
Group Me With (if Applicable)				
T-Shirt Size □YM □Y				□SS □OF □P □C
Camp Sessions ☐ May 31–June 3	☐ June 6–9	☐ June 20-23		☐ July 18–21

Chesterfield Valley Athletic Complex

Ballwin Athletic Association