



# TOP GUN CAMP

POWERED BY 

JUNE 29-JULY 2

Carlos Martinez & Matt Adams

CHESTERFIELD VALLEY ATHLETIC COMPLEX

Don't miss the opportunity to participate in this dynamic summer camp program that will cover all facets of the game. Players will be taken through a series of teaching drills each day!

ALL INSTRUCTORS ARE CERTIFIED AND HAVE PLAYED A MINIMUM OF COLLEGE BASEBALL

CAMPERS SHOULD BRING A GLOVE AND BAT  
(LABEL ALL EQUIPMENT)

9 AM - 12 PM

\$169

636.394.2255

## 2014 TOP GUN CAMP REGISTRATION FORM

Send form completed in its entirety with check or credit card info to: Balls-n-Strikes • 203B Ramsey Lane • Ballwin, MO 63021 • Fax 636.394.2256

REGISTER ONLINE AT [WWW.BNSSPORTS.US/BALLWIN.PHP](http://WWW.BNSSPORTS.US/BALLWIN.PHP)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Group Me With \_\_\_\_\_

Phone 3 \_\_\_\_\_ 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Credit Card Signature \_\_\_\_\_

Age Group:  5-6  7-9  10-12  13-14

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

June 29-July 2  
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& Matt Adams  
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Athletic Conference