



These classes are structured in a 6-week format in small groups of 3 players. Our staff will take the group through progressive fielding techniques following core curriculum points developed by our staff. Students choose either catching or infield for all 6 weeks.

Class Details

- call Balls-n-Strikes Ballwin at 636-394-2255 to register
- open to fielders and catchers ages 7u-14u (all groups will be set by age)
- \$220 per player
- 6 weeks, 1 hour per week
- 3:1 player to instructor ratio
- no make-up classes will be offered

Catchers Focus

- blocking
- receiving (primary and secondary stance)
- footwork
- throwing to second and third
- increasing pop time
- calling a game
- plays at the plate
- bunt plays

Infielders Focus

- positioning
- pre-pitch routine
- proper footwork, angles to the ball
- softhands and using the off hand
- the backhand and the forehand play
- setting feet and body in proper form for throws
- slow rollers

Please **SELECT A CLASS BELOW** and mail form to: **Balls-n-Strikes Ballwin 203B Ramsey Ln, Ballwin, MO 63021**

NOVEMBER TRAINING

INFIELDER'S

Saturday	11/12-12/17	10:00-11:00 <input type="checkbox"/>
		12:30-1:30 <input type="checkbox"/>
Sunday	11/13-12/18	12:30-1:30 <input type="checkbox"/>
		3:00-4:00 <input type="checkbox"/>
		4:00-5:00 <input type="checkbox"/>
Monday	11/14-12/19	4:00-5:00 <input type="checkbox"/>
		5:00-6:00 <input type="checkbox"/>
Wednesday	11/16-12/21	5:00-6:00 <input type="checkbox"/>
		6:00-7:00 <input type="checkbox"/>

CATCHERS

Saturday	11/12-12/17	10:00-11:00 <input type="checkbox"/>
		11:00-12:00 <input type="checkbox"/>
Sunday	11/13-12/18	4:00-5:00 <input type="checkbox"/>

DIRT BAG FIELDING CLASS

*6 weeks
1 hour per week*

DIRT BAG FIELDING CLASS

Player Name _____ Birthdate _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____ Phone C _____

Parents Names _____ High School _____ 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 _____ 3 Digit Code _____

