



Classic

BASEBALL

CAMP SERIES

\$134 - regular registration
\$124 - early registration (by March 31)
- 2 or more siblings registering together

10% off - register for 2 camps and receive 10% off total
25% off - register for 3 camps and receive 25% off total

9AM-NOON, MONDAY-THURSDAY

BRING HAT, GLOVE, BAT (label all equipment)

BALLS-N-STRIKES CLASSIC BASEBALL CAMP (ages 5-8)

This dynamic program is loaded with drills to stress the FUN-damentals of the game. Campers will cycle through teaching stations each day featuring hitting, throwing, fielding, base running and agility. The Rookie Camp focuses on teaching ballplayers sportsmanship, camaraderie, and the right way to play the game.

BALLS-N-STRIKES CLASSIC BASEBALL CAMP (ages 9-12)

This program focuses on taking ballplayers to the next level with skill-specific teaching stations. Campers will rotate through drills consisting of hitting, pitching, fielding, agility, run-downs, bunting, base running, cut-offs and relays, plus much more.

*All camps end each camp day with a World Series game!

636-394-2255 • BNSSPORTS.US/BALLWIN.PHP

Schedule

WEEK	DATES	LOCATION
Week 1	May 30-June 2	Des Peres Park
Week 2	June 5-8	Ballwin Athletic Association Kirkwood City Park
Week 3	June 12-15	Des Peres Park Ellisville Athletic Association
Week 4	June 19-22	Des Peres Park Stacy Park (Olivette)
Week 5	June 26-29	Ballwin Vlasis Park
Week 6	July 10-13	Kirkwood City Park
Week 7	July 17-20	Balls-n-Strikes Ballwin
Week 8	July 24-27	Des Peres Park



CLASSIC BASEBALL CAMP REGISTRATION FORM

Please mail completed form with check or credit card info to: **Balls-n-Strikes Summer Camps • 203B Ramsey Lane • Ballwin, MO 63021 • Fax: 636.394.2256**

Name _____ Birthdate _____/_____/_____ Group me with: _____
 Address _____
 City _____ State _____ Zip _____
 Phone #1 _____ Phone #2 _____
 Cell Phone _____ Email _____

Age Group: 5-8
 9-12

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 _____