



# SUMMER CAMPS

**22nd CONSECUTIVE YEAR**  
**St. Louis' Premier Summer Camp**

**\$135**

• Regular registration

**\$119**

• Early Registration (by March 31)

**\$110**

• 2 or more siblings registering together  
 • Groups of 6 or more

636.394.2255 [www.bnssports.us/ballwin.php](http://www.bnssports.us/ballwin.php)

## DETAILS

**Ages 5-12**

**Groups Divided by Age**

**Rotating Stations:**

**Hitting**

**Fielding**

**Agility**

**Run-Downs**

**Bunting**

**Base Running**

**Cut-Offs & Relays**

**Plus MUCH More**

**Each Day Ends in a World Series Game**

|            |  |
|------------|--|
| June 1-4   | Ballwin Athletic Association<br>Chesterfield Valley Athletic Complex |
| June 8-11  | Ellisville Athletic Association                                      |
| June 15-18 | Chesterfield Valley Athletic Complex<br>Warson Park-Olivette         |
| June 22-25 | Balls-n-Strikes Ballwin<br>Chesterfield Valley Athletic Complex      |
| July 6-9   | Ellisville Athletic Association<br>Kirkwood Park                     |
| July 13-16 | Balls-n-Strikes Ballwin<br>Chesterfield Valley Athletic Complex      |

**9 AM - NOON, MONDAY-THURSDAY**

Friday is the rain make-up day

**CAMPERS SHOULD BRING:**

**HAT, GLOVE, BAT (LABEL ALL EQUIPMENT)**

## 2020 SUMMER CAMPS

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 \_\_\_\_\_ 1) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 2) \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ 3) \_\_\_\_\_

Cell Phone \_\_\_\_\_ 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 \_\_\_\_\_

**CIRCLE YOUR SESSIONS:**

**May 26-29**  
Chesterfield  
Des Peres

**June 1-4**  
Ballwin

**June 8-11**  
Chesterfield  
Des Peres  
Ellisville

**June 15-18**  
Des Peres  
Chesterfield  
Warson Park

**June 22-25**  
Ballwin  
Chesterfield

**July 6-9**  
Ellisville  
Kirkwood

**July 13-16**  
Ballwin  
Chesterfield