

2008 FALL TRAINING PROGRAM



Ellisville Athletic Association has once again partnered up with Balls-n-Strikes to provide the fall educational training program. Based on last year's success, this 6TH year program should be extremely popular. The intent of this program is to offer instructional and playing time for boys and girls ages 4-8. Instead of the traditional fall ball training leagues, this educational training league offers professional Balls-n-Strikes instruction during each workout session.

All sessions will use a training league "softer" baseball and be applicable to both boys and girls. The first 5 sessions will be organized practices. The last session will be a game played against another team in the league on the weekend of October 11-12.

This dynamic program will also provide parents with instruction on coaching and managing youth baseball and softball. This is designed to train both parents and players.

Balls-n-Strikes will organize the entire program from payments and registrations all the way to detailed itineraries for each session. Don't miss this exciting opportunity to slide feet first into baseball and softball development!

Level I Ages 4-5
Level II Ages 6-7
Level III Ages 7-8

\$95 per player

Saturdays 10:00am Level I & II
Saturdays 11:30am Level I & III
Saturdays 1:00pm Level II & III

Week 1 Sept 6, 7
Week 2 Sept 13, 14
Week 3 Sept 20, 21
Week 4 Sept 27, 28
Week 5 Oct 4, 5
Week 6 Oct 11, 12 (scrimmage game)

Sundays 12:00pm Level I & II
Sundays 1:30pm Level II & III
Sundays 3:00pm Level I & III

*Sessions run 1 hours and meet once a week at Fields 7 & 8

Send completed form with check or credit card info to: **Balls-n-Strikes Ballwin** * 203B Ramsey Lane * Ballwin, MO 63021

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www.bnssports.us

Name _____ Birthdate _____/_____/_____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____

Phone C _____ Email _____

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes camp/program 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/program. I will be responsible for any medical or any other charges in connection with his/her attendance in this camp/program. I agree to abide by the rules and regulations of the camp/program.

Credit Card # (MC, VISA, Discover) _____ Exp _____/_____/_____

Credit Card Signature _____

Select only ONE

- Sat. 10:00am**
Level I & II
- Sat. 11:30am**
Level I & III
- Sat. 1:00pm**
Level II & III
- Sun. 12:00pm**
Level I & II
- Sun. 1:30pm**
Level II & III
- Sun. 3:00pm**
Level I & III