



Christmas Camp 2010

DATES

December 26–28	Session 1	8:30 am – 10:30 am
	Session 2	11:00 am – 1:00 pm
	Session 3	1:30 pm – 3:30 pm
December 29–31	Session 4	8:30 am – 10:30 am
	Session 5	11:00 am – 1:00 pm
	Session 6	1:30 pm – 3:30 pm

CHRISTMAS CAMP COVERS

Hitting, Pitching,
Fielding, Speed
and Agility

REGISTRATION INFO

6 Players Per Group

Register individually or as a group/team

Group Registration \$70

Early Registration
\$85 if you register by Dec. 7

Normal Registration
\$95

Register today for the 12th annual Balls-n-Strikes Christmas Camp. This dynamic program will take players through teaching rotations each day including hitting, fielding, agility and cageball! Campers are grouped in six with one instructor. Each session runs two hours per day for three consecutive days. The camp has sold out ten consecutive years. Requests to be with groups, teammates and friend can be accommodated. Grab your gear and meet us for a fun-filled, action-packed program over the holiday break!

Balls-n-Strikes Ballwin

203B Ramsey Lane
Ballwin, MO 63021
P: 636.394.2255
F: 636.394.2256

Balls-n-Strikes Chesterfield

18018 Eads Avenue
Chesterfield, MO 63005
P: 636.519.0445
F: 636.519.0447

Balls-n-Strikes Fenton

815 Sun Park Suite B
Fenton, MO 63026
P: 636.343.2256
F: 636.326.1290

Balls-n-Strikes O'Fallon

1071 Cool Springs Ind. Dr.
O'Fallon, MO 63366
P: 636.474.2255
F: 636.474.2256

Balls-n-Strikes South County

11133 Lindbergh Business Court
St. Louis, MO 63123
P: 573.845.2255

Balls-n-Strikes Westport

11645 Northline Ind. Blvd.
Maryland Heights, MO 63043
P: 314.890.2255
F: 314.993.2201

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www.bnssports.us

Please send completed form with check or credit card info to the facility of choice, addresses above

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 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 _____

Group me with:

Location: Ballwin Chesterfield Fenton O'Fallon South County Westport

Session: 1 2 3 4 5 6