



SUMMER CAMPS

27TH CONSECUTIVE YEAR

AGES 5U - 12U Groups Divided by Age

\$159

• Regular registration (after April 15th)

\$149

• Early registration (before April 15th)

\$135

• 4 or more and siblings

For more information, call us or visit us online
636.394.2255 www.bnssports.us/ballwin.php

MAIN CLASSIC CAMP DETAILS

St. Louis' premier baseball camp series is back! Join our staff this summer for a loaded camp of drills, skills, and non-stop action. All facets of the game will be covered including hitting, defense, and game strategies. Each camp day ends in a world series game!

ROTATING STATIONS

Hitting, Fielding, Agility, Run-Downs, Bunting, Base Running, Cut-Offs & Relays, Plus MUCH more

SCAN & EMAIL

shoffman@bnsml.us

EACH DAY ENDS IN A WORLD SERIES GAME!

THE TYPE OF CAMPS WE OFFER

● Main Classic Camp

The original camp built around teaching skills, developing skills, and applying them in games

👑 World Series Camp

Games all camp long! Show us what you got in this action packed day of playing the game you love. Instructors are the all-time pitcher and umpire. Players hit and play defense.

9 AM - NOON, MONDAY-THURSDAY

Friday is the rain make-up day

June 2-5
● Chesterfield Valley Athletic Complex
● Main Classic Camp

June 9-12
Des Peres
● Main Classic Camp

June 16-19
Ballwin Athletic Association
● Main Classic Camp

June 16-19
Kirkwood Athletic Association
● Main Classic Camp

June 23-26
Chesterfield Valley Athletic Complex
👑 World Series Camp

July 7-10
Pond Athletic Association
● Main Classic Camp

July 7-10
Des Peres
● Main Classic Camp

July 14-17
Chesterfield Valley Athletic Complex
👑 World Series Camp

July 21-24
Des Peres
● Main Classic Camp

CAMPERS SHOULD BRING:

HAT, GLOVE, BAT (LABEL ALL EQUIPMENT)

2025 SUMMER CAMPS

Please mail completed form with check or credit card info to:

Balls-n-Strikes Summer Camps • 18018 Eads Ave • Chesterfield MO 63005 • 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 _____

TIMES:
9AM - NOON
(Mon-Thurs)
Unless otherwise noted

SESSIONS:

- | | | | | | | |
|--|---|---|--|---|--|--|
| June 2-5 | June 9-12 | June 16-19 | June 23-26 | July 7-10 | July 14-17 | July 21-24 |
| <input type="checkbox"/> Chesterfield - Main Classic | <input type="checkbox"/> Des Peres - Main Classic | <input type="checkbox"/> Ballwin - Main Classic
<input type="checkbox"/> Kirkwood - Main Classic | <input type="checkbox"/> Chesterfield - World Series | <input type="checkbox"/> Pond - Main Classic
<input type="checkbox"/> Des Peres - Main Classic | <input type="checkbox"/> Chesterfield - World Series | <input type="checkbox"/> Des Peres - Main Classic Camp |