



Family Pass

www.bnssports.us

Best Value!

Family Pass Options (valid only at BNS location that pass is purchased)

- | | | |
|----------|---|-------|
| Option 1 | Family Pass 4 months (April through July OR August through November) | \$100 |
| Option 2 | Family Pass 8 months (April through November) | \$175 |

Family Pass Hopper Options (valid at BNS Ballwin, Fenton, Westport or O'Fallon)

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|----------|--|-------|
| Option 3 | Family Pass Hopper 4 months (April through July OR Aug. through Nov.) | \$150 |
| Option 4 | Family Pass Hopper 8 months (April through November) | \$250 |

Private Lesson Option

- | | | |
|----------|---|-------|
| Option 5 | Purchase 8 private lessons, get a 4 month family pass FREE! | \$320 |
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Team Pass Option

- | | | |
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| Option 6 | Team Pass 8 months (April through November) | \$480 |
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Pass Details:

- Good for all family members
- Can be used during regular business hours (check www.bnssports.us for updated hours of operation)
- Includes all equipment in the facility
- Can be used on a walk-in basis **ONLY** subject to cage availability
- Valid only at the facility purchased at (except Family Pass Hopper)

Please return the registration form to the Balls-n-Strikes facility of your choice

Balls-n-Strikes Ballwin
203B Ramsey Lane
Ballwin, MO 63021
P: 636.394.2255
F: 636.394.2256

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

2010 Family Pass Registration Form

Send completed form with check or credit card info to the Balls-n-Strikes facility of your choice

Parent(s) Name(s) _____

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 _____

Pass:

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4
- ☐ Option 5
- ☐ Option 6

Child _____ Birthday _____

Child _____ Birthday _____

Child _____ Birthday _____

Child _____ Birthday _____