

6-WEEK TRAINING PROGRAMS

Our six week programs are designed to teach and reinforce the fundamental skills that will lead to results on the field. Private, semi-private, and group lessons available in the following two options.

- Base Program: Players select hitting, pitching, catching, or infield instruction. and will focus on that skill for the entire six week session.
- Pick 2 Program: Players select any two skills and have a lesson in each skill each week for the entire six week session

PRIVATE LESSONS

- 1:1 player to instructor ratio
- 1/2 hour session each week

BASE PROGRAM PRICING

- \$240

PICK 2 PROGRAM PRICING

- 1 hour of instruction each week, 1/2 hour each skill
- \$240 for first skill, additional \$200 for second skill
- \$440 Total

SEMI-PRIVATE LESSONS

- 2:1 player to instructor ratio
- 1/2 hour session each week

BASE PROGRAM PRICING

- \$160 per player

PICK 2 PROGRAM PRICING

- 1 hour of instruction each week, 1/2 hour each skill
- \$160 per player for first skill, additional \$140 per player for second skill
- \$300 Total per player

GROUP LESSONS

- 4:1 player to instructor ratio
- 1 hour session each week

BASE PROGRAM PRICING

- \$175 per player

PICK 2 PROGRAM PRICING

- 2 hours of instruction each week, 1 hour each skill
- \$175 per player for first skill, additional \$150 per player for second skill
- \$325 Total per player

AVAILABLE SESSIONS/DATES

FALL SESSION I

- Monday 8/28 - Sunday 10/8

FALL SESSION II

- Monday 10/9 - Sunday 11/19

WINTER SESSION I

- Monday 11/27 - Sunday 1/14 (No classes 12/24, 12/25, 12/31)

WINTER SESSION II

- Monday 1/15 - Sunday 2/25 (No classes after 12pm on 2/4)

SPRING SESSION I

- Monday 3/5 - Sunday 4/15 (No classes on Sun. 4/1 for Easter)

SPRING SESSION II

- Monday 4/16 - Sunday 5/27

Have a group of 4? Register together and you can pick any day and time during our regular business hours. To register your group, please call 636.272.1015 or send an email to info@thehittingzonestl.com.



6-WEEK TRAINING PROGRAM

Send completed form with check to The Hitting Zone, 1496 Hoff Industrial Dr., O'Fallon, MO 63366. Please make checks payable to The Hitting Zone.

Player Name _____ Birth Date ____/____/____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

Primary Email _____

Parent/Guardian Printed Name & Signature _____

I hereby authorize the instructors at The Hitting Zone to act for me according to his/her best judgement 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 program. I will be responsible for any medical or any other charges in connection with his/her participation in this program. I agree to abide by the rules and regulations of the camp.

Program: Private Base Session: Fall I Fall II Skill(s): Hitting Pitching Day/Time Preferences:
 Semi-Private Pick 2 Winter I Winter II Infield Catching 1st choice _____
 Group Spring I Spring II 2nd choice _____
3rd choice _____