

12-WEEK HIGH SCHOOL TRAINING PROGRAM

Registration is now open for winter baseball and softball instruction at The Hitting Zone! Our 12-week High School Training Program is available to all local 8th graders, freshman, sophomores, juniors, and seniors. Our objective is to prepare players and provide them with the tools to succeed during the upcoming high school season and beyond. This program focuses on high-level mechanics, mental approach to the game, and building confidence. Choose from hitting, pitching, catching, and infield instruction.

PROGRAMS/PRICING

BASE PROGRAM PRICING

- 2:1 player to instructor ratio
- 1 hour session each week
- \$580 per player

PICK 2 PROGRAM PRICING

- 2:1 player to instructor ratio
- 2 hours of instruction each week, 1 hour for each skill
- \$580 for first skill, additional \$480 for second skill
- \$1060 Total

AVAILABLE DAYS/TIMES

This session begins the week of November 28th and ends the week of February 20th. Lesson times are available everyday of the week pending cage and instructor availability.

There will be no lessons held on 12/24, 12/25, 12/31, or 1/1 for Christmas and New Years.

Space is limited and spots will be reserved in the order they are received.

MAKE YOUR RESERVATION

By Mail:

Mail a completed copy of this form with payment to:
The Hitting Zone
1496 Hoff Industrial Dr.
O'Fallon MO 63366

Online Registration:

Visit our website www.TheHittingZoneSTL.com and click the schedule now button at the top of the home page. You will be prompted to create a customer profile. After creating a profile, click the 'Packages' tab and select the appropriate lesson package. After you've purchased the appropriate package, and instructor will contact you to finalize scheduling.

For assistance with scheduling or the online system, please contact us at 636.272.1015.



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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 _____
 Home Phone _____ Alternate Phone _____
 High School _____ Grad. Year _____ Email _____
 Parent/Guardian 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: Basic Pick 2 Skill(s): Hitting Pitching Infield Catching Day/Time: 1st choice _____
 2nd choice _____
 3rd choice _____