Laguna Youth Baseball Scholorship Application Submit by January 1, 2025 email to president@lagunayouthbaseball.org

Name of Applicant (Player's Name):		DOB:
		DOB.
		DOB:
Guardians Name:		
Guardians Name.		
Email Address:		
Home Address:		
	(Street)	
(City)	(State)	(Zip Code)
(Phone)		
1. Have you played in Laguna Youth Ba	seball Before?	
2. If Yes, what division and team was y	our player on last season?	
2 If a halombin in month down and man		
	uired to volunteer within the league a minion tment? Examples of volunteering would be	
snack bar, score keeper, field set up be		codeming, team parent,
, , , , ,	Yes No	_
4. If yes, what would you be able to he	In with?	
4. If yes, what would you be able to he	ip with:	
I have read over LYB's scholorship rule	s and requirements and fully understand th	e commitment and
rules of eligibility and agree to said rule		
Signature of Guardian		Date