



# Flagler Babe Ruth Baseball

Flagler Babe Ruth Baseball Official Use		
Approved		
Approved by:		
Amount of Reduction	Overs	Initials of Board Member

## Application for Scholarship or Reduced Registration Fee

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### NOTE: Please list ALL family members

\*Family members includes a single family of parents/guardians and their children.

Please designate children who are current Flagler Babe Ruth players with an X before their name.

CURRENT PLAYER	NAME	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is required that you provide proof of free or reduced school lunch.

ANNUAL GROSS INCOME from most recent Federal Tax Return \_\_\_\_\_

By signing below, I certify that all of the information contained herein is correct, the Annual Gross income stated includes all sources of income for the entire family, and I agree to supply proof of income upon request by Flagler Babe Ruth Baseball Board of Directors.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

