



PO Box 1533 • Bemidji, MN 56619

Phone 218-444-BYLB (Summer Only) www.bemidjibaseball.org

BYLB Mentorship Program Application

Summer of: _____

Name: _____

Phone: _____

Email: _____

Current Baseball Level and/or Experience:

BYLB Participant: YES or NO

of years: _____

Preference of Team, if any. (family members, age level, etc.): _____

Signature: _____

Date: _____

Please send completed application to:

Joe Kapaun
17645 Gull Lake Loop Rd. NE
Bemidji, MN 56601
jkapaun@choicetherapy1.com

Jason Brodina – President • Cell 556-9667 •
Dave LaZella – Vice President • Cell 556-6508
Brian Ophus – Treasurer • Cell 209-1230
Kirby Ganske – Secretary • Cell 209-6887