

2010 Umpire Application

Name

Address

City

Zip

Email Address

Home Phone

Alternate Phone cell (please specify)

Date of Birth: Month Day Year

Have you had umpire training? Yes No If yes, please describe _____

Are you presently IHSA certified? Yes No

Division You Would Like to Umpire (circle one):

Coach-Pitch ROOKIE MINOR

Team name that you will be playing this year _____

Phone where you can be reached on Saturday/Sunday _____

Phone where you can be reached weekdays _____

Can you umpire 5:30 pm weekday games? Yes No

Can you travel to other parks? Yes No

Can you Umpire on Saturdays/ Sundays? Yes No