

Cooperstown All Star Village **Umpire Application**

Participation Form for 2013



Please fill out the following information and fax to us at (607) – 432-1076 Or mail to us at:

Cooperstown All Star Village P.O Box 670 Cooperstown, NY 13326

Name:		Email:		
Address:				
City:		State:	Zi	p Code:
ome Phone: Work Phone:		Cell Phone:		
D/O/B: / / Gender: <u>M / F</u>		Ring Size:	ize: Shirt Size:	
Name of Umpire Association:				
President of Association:				
Address:				
City:		State:	Zip Code:	
Home Phone:	Work Phone:		Cell Phone:	
How many years have you been a member of	of this organization? _			
Do you have personal or association health/liability insurance?		□ Yes	\square No	
Are you familiar with: (Check that applies)	□ 2 man	□ 3 man	□ 4 man	☐ All mechanics?
Have you graduated from any Professional U	Jmpiring Schools?	□ Yes	\square No	
Have you attending any clinics run by a Professional Umpire?		□ Yes	\square No	
If yes, which ones?				
Have you ever umpired at Cooperstown All	Star Village: ☐ Yes	□ No: If Ye	s, what year(s)	:
What is your availability for			neck all weeks	you will be available:
□ June 8 th thru June 14 th [10U Week] □ July 6 th thru July 12 th				ugust 3 rd thru August 9 th
☐ June 15 th thru June 21 st				ugust 10 th thru August 16 th
☐ June 22 nd thru June 28 th	□ July 20 th thru J			ugust 17 th thru August 23 rd
☐ June 29 th thru July 5 th	☐ July 27 th thr	u August 2 nd		ugust 24 th thru August 30 th
What team are you attending with:				
Do you have a relative participating at Coop	erstown All Star Villa	ge?	es 🗆 N	[0

Your first obligation here is umpiring, second is watching your teams games.