



# Cooperstown All Star Village

## Umpire Application/ Participation Form for 2022

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

D/O/B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F Ring Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Name of Umpire Association: \_\_\_\_\_

President of Association: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

How many years have you been a member of this organization? \_\_\_\_\_

Do you have personal or association health/liability insurance?  Yes  No

Are you familiar with (Check that applies)  2 man  3 man  4 man  All mechanics?

Have you graduated from any Professional Umpiring Schools?  Yes  No

Have you attended any clinics run by a Professional Umpire?  Yes  No

If yes, which ones? \_\_\_\_\_

Have you ever umpired at Cooperstown All Star Village:  Yes  No: If yes, what year(s)? \_\_\_\_\_

What is your availability for the summer of 2022? Please check all weeks you will be available:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> June 4 <sup>th</sup> thru June 10 <sup>th</sup>  | <input type="checkbox"/> July 4 <sup>th</sup> thru July 10 <sup>th</sup>   | <input type="checkbox"/> August 3 <sup>rd</sup> thru August 9 <sup>th</sup>   |
| <input type="checkbox"/> June 10 <sup>th</sup> thru June 16 <sup>th</sup> | <input type="checkbox"/> July 10 <sup>th</sup> thru July 16 <sup>th</sup>  | <input type="checkbox"/> August 9 <sup>th</sup> thru August 15 <sup>th</sup>  |
| <input type="checkbox"/> June 16 <sup>th</sup> thru June 22 <sup>nd</sup> | <input type="checkbox"/> July 16 <sup>th</sup> thru July 22 <sup>nd</sup>  | <input type="checkbox"/> August 15 <sup>th</sup> thru August 21 <sup>st</sup> |
| <input type="checkbox"/> June 22 <sup>nd</sup> thru June 28 <sup>th</sup> | <input type="checkbox"/> July 22 <sup>nd</sup> thru July 28 <sup>th</sup>  | <input type="checkbox"/> August 21 <sup>st</sup> thru August 27 <sup>th</sup> |
| <input type="checkbox"/> June 28 <sup>th</sup> thru July 4 <sup>th</sup>  | <input type="checkbox"/> July 28 <sup>th</sup> thru August 3 <sup>rd</sup> |   |

What team are you attending with?: \_\_\_\_\_

***\*Your first obligation at CASV is umpiring, second is watching your teams games.\****

***\*\*You will be required to umpire a minimum of 3 games a day\*\****

Once filled out please submit to Cooperstown All Star Village via

Mail: PO Box 670 Cooperstown NY, 13326 or Fax: (607)-432-1076