



# Cooperstown All Star Village

## Umpire Application/ Participation Form for 2020

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 2020? Please check all weeks you will be available:

- |                                                                           |                                                                           |                                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> June 6 <sup>th</sup> thru June 12 <sup>th</sup>  | <input type="checkbox"/> July 4 <sup>th</sup> thru July 10 <sup>th</sup>  | <input type="checkbox"/> August 1 <sup>st</sup> thru August 7 <sup>th</sup>   |
| <input type="checkbox"/> June 13 <sup>th</sup> thru June 19 <sup>th</sup> | <input type="checkbox"/> July 11 <sup>th</sup> thru July 17 <sup>th</sup> | <input type="checkbox"/> August 8 <sup>th</sup> thru August 14 <sup>th</sup>  |
| <input type="checkbox"/> June 20 <sup>th</sup> thru June 26 <sup>th</sup> | <input type="checkbox"/> July 18 <sup>th</sup> thru July 24 <sup>th</sup> | <input type="checkbox"/> August 15 <sup>th</sup> thru August 21 <sup>st</sup> |
| <input type="checkbox"/> June 27 <sup>th</sup> thru July 3 <sup>rd</sup>  | <input type="checkbox"/> July 25 <sup>th</sup> thru July 31 <sup>st</sup> | <input type="checkbox"/> August 22 <sup>nd</sup> thru August 28 <sup>th</sup> |

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

Do you have a relative participation at Cooperstown All Star Village?     Yes     No

***\*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



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