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|  | 2020 INFORMATION FORMFOR NEW UMPIRES |

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| --- | --- |
| Name: |  |
| Gender: |  |
| Address: |  |
| City/Town: |  |
| Postal Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email: |  |
| Birth Date: |  |

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| Your Home minor softball association: |  |

(This information will be used for confirming with the association if you are eligible to have your umpire registration fee reimbursed.)

**PARENT/GUARDIAN INFORMATION:**

**if umpire is under 18 years, parent/ guardian please fill in the Information below. Provide**

**phone number(s) and email address if different than above.**

|  |  |
| --- | --- |
| Name: |  |
| Home Phone: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email: |  |

Please email the completed form to:

Pat O’Callaghan, Mentorship and Website, pdoc@shaw.ca or info@rdsua.ca