



BASEBALL ALBERTA

11759 Groat Road
Edmonton, Alberta
T5M 3K6

Phone: (780) 427-8943
Fax: (780) 427-9032
www.baseballalberta.com

National Umpire Certification Program Umpire Clinic Application Form



Name of Organization: _____

Contact Person: _____

Phone: (Home) _____ (Work) _____

Email Address (mandatory): _____

City/Town and Location of Clinic: _____

Attendee Fees:

Level I - \$60.00

Level II - \$75.00

Level III - \$95.00

Participant Registration Numbers (Estimated):

Level I -

Level II -

Level III -

Requested Clinics:

Level I: 1 Day (6 Hours)

Level II: 1 Day (6 Hours)

Level III: 2 Days (16 Hours)

Requested Dates:

1st Choice:

2nd Choice:

Send Completed Applications to:

Baseball Alberta
c/o Brad Wolansky
11759 Groat Road
Edmonton, AB T5M 3K6
Phone: (780) 427-9009 Fax: (780) 427-9032
bradwolansky@baseballalberta.com

The host site agrees to (please read carefully):

- Ensure a minimum total registration of 12 participants for the clinic.
- Manage on-site registration process for the clinic, including full documentation of all registrants; ensure the building is open and ready for the clinic; collection of ALL attendee fees and presentation of ONE cheque to the instructor (made payable to Baseball Alberta) for the attendee fees at the end of the clinic.
- Provide two classrooms of suitable size to accommodate the total number of registrants, as well as a gymnasium or baseball field (weather permitting) for field work. Any rental or facility charges will be reimbursed by Baseball Alberta as long as the facility fee charges are approved by the Umpires' Committee prior to final booking and proper receipts are submitted after the completion of the clinic.
- A cancellation fee of \$400 will be charged if the clinic is cancelled within 5 days prior to the clinic commencement.
- The clinic will be approved and instructors will be assigned within 10 days of receipt of this completed form.

Signature of Host Site: _____ Date: _____

OFFICE USE ONLY: Clinic Approved _____ Instructors Assigned _____ Facilities Approved _____

