



# 2019 CONTACT INFORMATION FOR NEW UMPIRES

## UMPIRE INFORMATION:

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

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(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please email the completed form to:

Pat O'Callaghan, Mentorship and Website, [pdoc@shaw.ca](mailto:pdoc@shaw.ca)

OR

Brad Lyon, President, [president@rdsua.ca](mailto:president@rdsua.ca)

YOU WILL BE CONTACTED WITH DETAILS PERTAINING TO THE CLINIC. IF YOU HAVE QUESTIONS, CONTACT EITHER OF THE ABOVE RDSUA EXECUTIVE MEMBERS.

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